

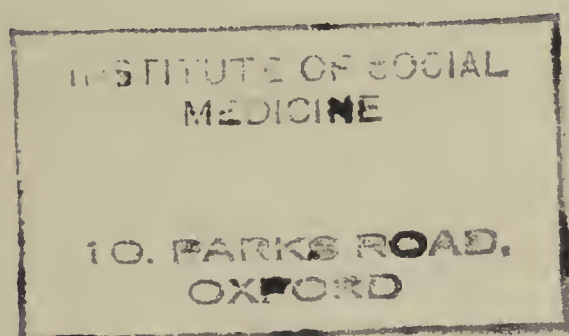
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COUNTY COUNCIL OF NOTTINGHAMSHIRE



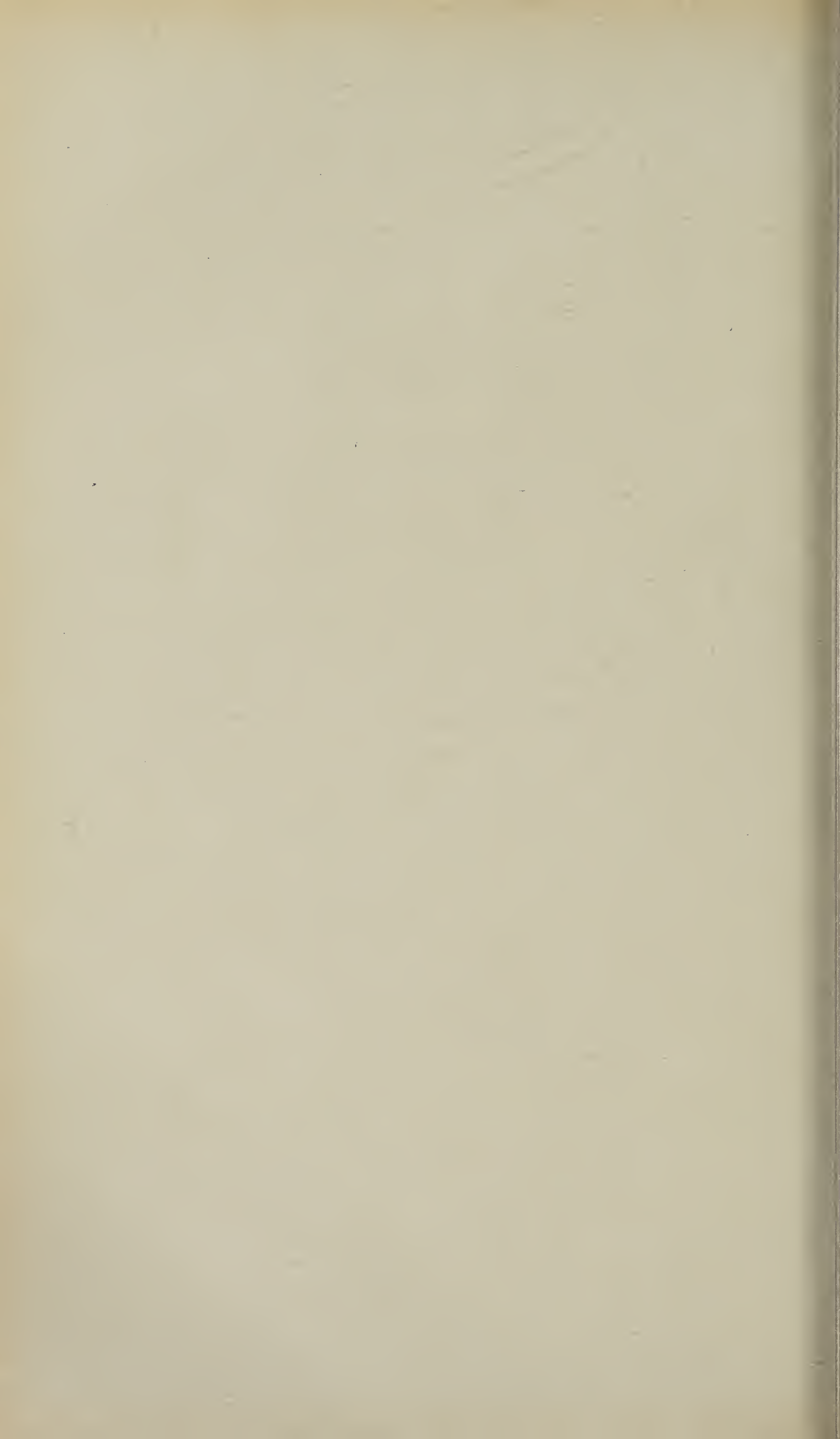
ANNUAL REPORT

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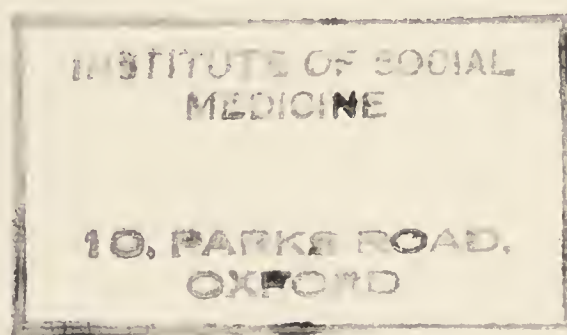
HEALTH AND HEALTH SERVICES
OF THE COUNTY.

FOR THE YEAR 1948.

**CHRISTOPHER TIBBITS, C.B.E.,
M.R.C.S. (Eng.), L.R.C.P. (Lond.), D.P.H. (Oxon.),
COUNTY MEDICAL OFFICER.**



COUNTY COUNCIL OF
NOTTINGHAMSHIRE



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COUNTY MEDICAL OFFICER.

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County Health Committee.†*Chairman :*

ALDERMAN W. BAYLISS.

Vice-Chairman :

COUNCILLOR J. T. PEPPER.

Ex-officio : ALDERMAN W. BAYLISS.

ALDERMAN L. W. A. WHITE.

Aldermen :

COOPER, G. C.
 FARR, S.
 HARTLAND, H.
 IZZETT, P. A.
 KIRK, C. C.

MARSHALL, J. A.
 PERCIVAL, J. A.
 SEVERN, J. T.
 STUART, MRS. F. G.
 TAYLOR, MRS. C. A.

Councillors :

AINLEY, J.
 ASHWORTH, R. W. B.
 BEARDSLEY, MRS. M.
 BETTERIDGE, MRS. A. E.
 BOWEN, MRS. D. M.
 CARLTON, H. C. C.
 CLARK, J. J. K.
 CREWE, W.
 CROCKER, H. J.
 DODDS, L.
 ELEY, J. W.
 FOSTER, W. H.
 HARRISON, C.
 HAYES, F.
 HILL, MRS. L.

ILETT, G.
 IRELAND, W.
 LIMB, MRS. A. M.
 MARTIN, W.
 MEAD, A.
 MITCHELL, L. J.
 PEPPER, J. T.
 QUIBELL, MRS. K.
 ROBERTS, J.
 SCHOFIELD, A. W.
 SHARRARD, MRS. B.
 SMALL, F. A.
 STRETTON, J. H.
 TURNER, O.
 WARNER, E. L.

Representative Members :

Borough Councils :

East Retford	. J. W. PEATFIELD
Mansfield	. A. H. BOSWORTH
Newark	. C. CLUTTERBUCK
Worksop	. Vacancy.

Urban District Councils :

Four vacancies.

Rural District Councils :

BOOTHBY, MRS. F. K.	STEVENS, W. H.
MILLS, H.	WALTERS, J. T.

STAFF.

(Particulars of Staff employed at 31st December, 1949).

County Medical Officer—

A. C. TIBBITS, *C.B.E.*, M.R.C.S., L.R.C.P., D.P.H.

Deputy County Medical Officer—

C. W. W. JEREMIAH, M.R.C.S., L.R.C.P., D.P.H.

First Assistant County Medical Officer—

A. R. C. MARGETTS, M.R.C.S., L.R.C.P., D.P.H., D.C.H.

Second Assistant County Medical Officer —

MRS. M. B. BLACK, M.B., Ch.B., D.P.H.

Senior Tuberculosis Officer (employed jointly with Regional Hospital Board)—

L. W. HEARN, M.B., B.S., D.P.H.

Tuberculosis Officer (employed jointly with Regional Hospital Board)—

N. W. ROBERTS, M.D., Ch.B., D.P.H.

Medical Officer for Mental Health—

VACANCY.

Assistant Medical Officers for Maternity and Child Welfare—

MRS. D. CRITCHLEY, M.R.C.S., L.R.C.P.

MISS J. A. FORBES, M.B., Ch.B., D.R.C.O.G., D.P.H.

E. B. SMITH, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. (part-time).

Assistant County Medical Officers—

MISS J. M. CUMMINS, B.A., M.B., B. Ch., B.A.O., L.M., D.P.H.

MISS E. DOUGLAS, M.B., Ch.B., D.P.H.

MISS J. KEAN, M.B., Ch.B., D.P.H.

MISS A. M. OGILVIE, M.A., M.B., Ch.B., D.P.H.

MRS. M. C. WOOD, M.B., B.S., M.R.C.S., L.R.C.P. (part-time).

J. McNABB, M.B., Ch.B., D.P.H.

(Two Vacancies).

Assistant County Medical Officers and Medical Officers of Health of County Districts—

J. S. DRUMMOND, M.B., Ch.B., D.P.H. (Mansfield Borough).

G. G. BUCHANAN, M.B., Ch.B., D.P.H. (Newark Borough, Newark Rural and Southwell Rural Districts).

J. TOLLAN, L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H. (East Retford Borough and East Retford Rural Districts).

M. B. McCANN, L.R.C.P., L.R.C.S., D.P.H. (Worksop Borough and Worksop Rural Districts).

H. D. B. NORTH, M.Sc., M.B., Ch.B., D.P.H. (Arnold and Carlton Urban Districts).

E. BEBBINGTON, M.B., Ch.B., D.P.H. (Beeston and Stapleford Urban District).

W. R. PERRY, M.B., B.S., D.P.H. (Eastwood Urban and Basford Rural Districts).
(Appointed 3rd January, 1950).

- L. F. McWILLIAMS, M.C., M.B., B.Ch., B.A.O., D.P.H. (Hucknall Urban District).
 A. B. CLARK, M.B., Ch.B., B.S., D.P.H. (Kirkby-in-Ashfield Urban District).
 B. N. EEDY, M.B., B.Ch., B.A.O., D.P.H. (Mansfield Woodhouse and Warsop Urban Districts).
 T. S. McKEAN, M.B., Ch.B., D.P.H. (Sutton-in-Ashfield Urban District).
 W. B. WATSON, L.R.C.S., L.R.C.P., L.R.F.P.S., L.D.S., D.P.H. (West Bridgford Urban and Bingham Rural Districts).

Assistant County Medical Officer and Deputy Medical Officer of Health of the Borough of Mansfield—

MISS I. CALEY, M.A., M.B., B.Ch., D.P.H.

Child Psychiatrist (appointed jointly with Nottingham City Council)—

W. H. WHILES, M.R.C.S., L.R.C.P., D.P.M.

Senior Dental Officer—

D. E. MASON, L.D.S.

School Dental Officers—

MISS A. KAVANAGH, L.D.S.

D. F. G. CAME, L.D.S.

R. R. MACLEAN, L.D.S.

J. M. MITCHELL, L.D.S.

G. R. SMITH, L.D.S.

(18 Vacancies).

SHERWOOD VILLAGE SETTLEMENT—

Medical Superintendent—

E. FIRTH, M.B., Ch.B. (part-time)

(also employed by Regional Hospital Board as Medical Superintendent Ransom Sanatorium).

Lay Administrative Assistant—

W. L. RICHARDSON.

Chief Clerk—

J. RENSHAW.

Deputy Chief Clerk—

(Vacancy).

County Rivers Inspector—

F. WRIGLEY

County Health Inspectors—

G. H. EARNSHAW

(One vacancy).

Assistant Health Education Officer—

A. H. MARROW.

Second Assistant Health Education Officer—
N. S. WASS.

Senior County Almoner—
MISS B. B. STEWART.

Assistant County Almoners—
MISS S. M. CUTTS. MISS K. DALY.

Superintendent Health Visitors—
MISS E. R. BENNETT.
MISS E. BOWLER.
(One Vacancy).

Other Nursing Staff—
Sixty-five Health Visitors—(11 vacancies).

Two Tuberculosis Visitors—
Duties wholly connected with Tuberculosis.

Nine School Nurses—(2 vacancies).

Two Dental Nurses.

Five Dental Attendants—(17 vacancies).

Midwifery—

Senior Assistant Non-Medical Supervisor of Midwives—
MISS M. K. COLLINS.

*Junior Assistant Non-Medical Supervisor of Midwives and
Health Visitor—*
MISS R. E. HERMES.

Sixty-two County Midwives (nine vacancies).

MENTAL HEALTH SERVICE—

Mental Health Officer—
W. A. FROST.

Female Superintendent Mental Health Worker—
MRS. E. L. ANDREWS.

Mental Health Workers—

Ten Males (employed jointly as Mental Health Workers and
District Welfare Officers).

One Male (employed jointly as Assistant Mental Health Worker
and District Welfare Officer).

Three Females (vacant).

Instructress, Mansfield Occupation Centre—
MISS R. BARFOOT.

Home Teachers for Mentally defective persons—
Two Females (vacant).

*Day Nurseries—**Matrons—*

Carlton—MISS E. M. PIMLOTT.

Eastwood—(Vacancy).

Harworth—MISS E. WRAY.

West Bridgford—MISS F. M. SCOTT.

Beeston—MISS V. A. HIGGS.

Stapleford—MRS. E. M. LEWIS.

Mansfield (Bull Farm)—MRS. G. NEPORA.

Mansfield (Ravensdale)—MRS. C. E. PARGETER.

Newark—(Vacancy).

*Home Help Service—**Organiser—*

MISS M. W. COTTEE.

Deputy Organiser—

MRS. K. KEAYS.

Sub-Organisers—

Six.

Case-Workers—

Seven.

County Ambulance Officer—

F. E. JOLLEY.

Milk Sampling—

Three Milk Samplers (one vacancy).

*Speech Therapy—**Chief Speech Therapist—*

MISS M. DOLMAN.

Assistant Speech Therapists—

MISS M. SATCHELL

MISS N. COGGON

MISS R. B. ADAMS

(one vacancy).

*Child Guidance—**Educational Psychologists—*

One whole-time.

One part-time.

Psychiatric Social Workers—

Two whole-time (one vacancy).

Play Therapist—

One part-time.

Audiometrician—

MISS M. TORRANCE.

NAMES AND ADDRESSES OF THE MEDICAL OFFICERS OF HEALTH OF THE TWENTY COUNTY DISTRICTS.

AS AT THE 31ST DECEMBER, 1949.

BOROUGHES AND URBAN DISTRICTS.

DISTRICT.	NAME OF THE MEDICAL OFFICER OF HEALTH:		ADDRESS.
MANSFIELD (Borough)	..	J. S. Drummond, M.B., Ch.B., D.P.H.	Public Health Department, Gilcroft Street, Mansfield.
WORKSOP (Borough)	..	M. B. McCann, L.R.C.P., L.R.C.S., D.P.H.,	Park House, Park Street, Worksop.
NEWARK (Borough)	..	G. G. Buchanan, M.B. Ch. B., D.P.H.	Public Health Department, The Friary, Appleton Gate, Newark.
EAST RETFORD (Borough)	..	J. Tolland, L.R.C.P. & S., L.R.F.P.S., D.P.H.	Municipal Offices, The Square, Retford.
ARNOLD	..	H. D. B. North, M.Sc., M.B., Ch.B., D.P.H.	Council Offices, Arnot Hill House, Daybrook, Arnold.
BEESTON AND STAPLEFORD	..	E. Bebbington. M.B., Ch.B. D.P.H.	Public Health Department, Town Hall, Beeston.
CARLTON	..	H. D. B. North, M.Sc., M.B., Ch.B., D.P.H.	Public Health Department, Council House, Burton Rd., Carlton, Notts.
EASTWOOD	..	W. R. Perry, M.B., B.S., D.P.H. (Appointed 3rd January, 1950).	Public Offices, Church Street, Eastwood.
HUCKNALL	..	L. F. McWilliams, M.C., M.B., B.Ch., B.A.O., D.P.H.	Council Offices, Hucknall, Notts.
KIRKBY-IN-ASHFIELD	..	A. B. Clark, M.B., Ch.B., B.S., D.P.H.	Council Offices, Urban Road, East Kirkby.
MANSFIELD WOODHOUSE	..	B. N. Eedy, M.B., B.Ch., B.A.O., D.P.H.	Public Health Department, Manor House, Mansfield Woodhouse.
SUTTON-IN-ASHFIELD	..	T. S. McKean, M.B., Ch.B., D.P.H.	Public Health Department, Forest Street, Sutton-in-Ashfield.
WARSOP	..	B. N. Eedy, M.B., B.Ch., B.A.O., D.P.H.	Health Department, Town Hall, Warsop.
WEST BRIDGFORD	..	W. B. Watson, L.R.C.S., L.R.C.P., L.R.F.P.S., L.D.S., D.P.H.	Health Department, The Hall, Bridgford Road, West Bridgford.

RURAL DISTRICTS.

BASFORD	..	W. R. Perry, M.B., B.S., D.P.H. (Appointed 3rd January, 1950)	Health Department, Rock House, Stockhill Lane, BASFORD, Nottingham.
BINGHAM	..	W. B. Watson, L.R.C.S., L.R.C.P., L.R.F.P.S., L.D.S., D.P.H.	Council Offices, Bingham, Notts.
WORKSOP	..	M. B. McCann, L.R.C.P., L.R.C.S., D.P.H.	Council Offices, Highfield House, Carlton Road, Worksop.
EAST RETFORD	..	J. Tolland, L.R.C.P. & S., L.R.F.P.S., D.P.H.	Municipal Offices, The Square, Retford.
NEWARK	..	G. G. Buchanan, M.B., Ch.B., D.P.H.	Public Health Department, The Friary, Appleton Gate, Newark.
SOUTHWELL	..	G. G. Buchanan, M.B., Ch.B., D.P.H.	Public Health Department, The Friary, Appleton Gate, Newark.

NOTTINGHAMSHIRE COUNTY COUNCIL.

PUBLIC HEALTH DEPARTMENT,
COUNTY HALL,
TRENT BRIDGE,
NOTTINGHAM

TO THE CHAIRMAN AND MEMBERS OF THE
NOTTINGHAMSHIRE COUNTY COUNCIL.

LADIES AND GENTLEMEN,

I submit my Twenty-first Annual Report on the Health and Health Services of Nottinghamshire. The Report deals with the year 1948.

The County population is estimated by the Registrar-General to have increased by 12,610 to 518,300.

The general death rate reached a record low level—9.65 compared with an England and Wales figure of 10.8

On the increased population the number of live births dropped by 1,187, giving a birth rate of 18.3, the lowest rate since 1942.

The rate for England and Wales was 17.9.

The infantile mortality rate rose slightly from 41 to 42 and compared unfavourably with the rate for England and Wales, 34.

The highest rates occurred in the following County Districts :—

Beeston and Stapleford Urban District	.	.	.	54
Mansfield Woodhouse Urban District	.	.	.	54
Hucknall Urban District	.	.	.	50
East Retford Borough	.	.	.	50
East Retford Rural District	.	.	.	50
Worksop Rural District	.	.	.	48
Warsop Urban District	.	.	.	47

and the lowest rates were recorded in :—

Newark Rural District	.	.	.	13
West Bridgford Urban District	.	.	.	28
Carlton Urban District	.	.	.	28
Arnold Urban District	.	.	.	29
Basford Rural District	.	.	.	32
Worksop Borough	.	.	.	38
Eastwood Urban District	.	.	.	39

The aggregate rate for Boroughs and Urban Districts was 43 and for Rural Districts 38.

The incidence of illegitimate births per 1,000 of population again fell, the rate being 0.92 compared with 1.47 in 1945, the war period peak.

The rate per 1,000 live births, however, increased to 50.6 or 5 out of every 100 live births.

The war period peak occurred also in 1945—76.8 per 1,000 live births.

Maternal mortality was kept at a low figure, 0.82, compared with the national figure of 1.02.

Eight maternal deaths occurred in the whole County.

This is precisely eight too many, but the relative smallness of the figure is a sufficient index of the progress made and of the possibilities of further improvement.

The rate is, of course, very subject to annual fluctuation owing to the small numbers at issue, a single extra death or additional life saved markedly affecting the rate.

The Tuberculosis statistics are, on the year's experience, somewhat conflicting. The mortality rates for all forms of Tuberculosis, 0.39, and for Pulmonary Tuberculosis, 0.32, are the lowest ever recorded for the County; but the number of notified cases per 1,000 of population remains considerably higher than before the war.

The point I wish to make is that the record low mortality for 1948 is no index of the present incidence of tuberculous infection and offers no excuse for complacency or reduced effort.

* * * * *

As this is my Twenty-first Annual Report and to some degree akin to a "coming of age" it may be interesting to record a few figures indicative of the growth of the "infant," especially as in this twenty-first year there were material changes in its constitution and character which, whether or not they make it more robust, will make comparison more difficult in future.

	1928	1948
Population . . .	422,700	518,300
Death Rate . . .	10.4	9.65
Birth Rate . . .	18.8	18.3
Infantile Mortality Rate .	64	42
Maternal Mortality Rate .	4.16	0.82
Tuberculosis Death Rate :		
All Forms . . .	0.75	0.39
Pulmonary . . .	0.59	0.32
Diphtheria Deaths . . .	22	6
,, Mortality Rate . .	0.05	0.01
,, Cases . . .	259	14

	1928		1948
Maternity and Child Welfare		Special	Special
Centres . . .	25	Area	60
Infant Attendances . . .	32,758	„	71,425
Ante-Natal Clinics . . .	3	„	57
Attendances . . .	128	„	11,285
Health Visitors . . .	21	„	36
Visits . . .	47,430	„	79,661
Maternity Hospital Admissions	35		1,947
Dental Treatment :			
Mothers . . .	None		599
Children . . .	None		382
Midwifery Service . . .	Wholly private	Whole-time County	Service of 92 Midwives
Blind Persons Service :			
Registered Blind Persons	273		624
No. assisted financially .	65		469
Mental Defectives ascertained			
(1933) . . .	1,302		3,099

During this period the whole-time staff of the Department, indoor and outdoor, grew from 59 to 685.

During the twenty-one years, apart from the development of the early Services, there has been a considerable addition of new Services.

Of the former, the growth of the Maternity and Child Welfare Service, both in size and scope, has perhaps been the most significant in its positive contribution to health and well-being both of the infant and the mother.

(The parallel development of the School Health Service, which is reported upon separately, is of course of equal significance.)

From very small beginnings this Service has grown in the twenty-one years to provide a comprehensive advisory and treatment service which includes a fully and freely available Consultant Service, Hospital Services for Mother and Child, Dental Treatment, the Provision of Maternity Outfits, special facilities for the care of the premature infant, Day Nurseries, a Home Help Service, a comprehensive Domiciliary Midwifery Service, a Service for the care of the child received for reward, and a subsidised Home Nursing Service. Gas and Air Analgesia has been made available, so that it will shortly be accessible to every mother who desires it.

As the basis of this Service, linking it with the people and with their homes, is the chain of Child Welfare Centres and Clinics and the staff of Medical Officers, Health Visitors, and Clerical Services.

The expansion of these is indicated in the foregoing tabular statement.

The addition of Services during the period include the taking-over of Hospital Services and the Vaccination Service under the Local Government Act, 1929, and the transfer of responsibility to my Department for the Mental Deficiency Service in 1933.

Each of these was a major undertaking, and in Hospital and Mental Deficiency Services there was scope for great expansion and improvement. Much of the work for Hospitals and Institutions was done in my capacity as Medical Advisor to the Public Assistance Committee and does not appear in this Report, but it is on record that in conjunction with the Public Assistance Officer a comprehensive scheme was prepared before the war for improving all the transferred Hospitals and Institutions and co-ordinating their functions with those of the Voluntary Hospitals with a view to securing an organised Service for the public with the best possible use of available beds.

A major aim was to get rid of the inherited abomination of the "mixed institution" and to classify the use of each Institution or part thereof so as to avoid the intolerable mixing of the various categories and to secure the specialised care (and, if possible, improvement) of each.

The war killed this very nearly completed scheme. It had in fact got as far as detailed architectural plans and financial estimates, and how much trouble its completion might have caused the new Regional Hospital Board !

The Mental Deficiency Service, taken over in 1933, had to be planned *de novo*. The present Report suffices to show the progress made in ascertainment, care and supervision.

The crux was—and is—lack of institutional accommodation. It was therefore decided to provide a new County Mental Deficiency Colony of 540 beds at Balderton, near Newark. The erection of this building was begun before the war and all main buildings and much engineering equipment had been provided when war broke out. Completion was impossible and its adaptation for war purposes was considered inadvisable owing to an aerodrome having been established in immediate proximity. Up to date, despite every effort, it has not been possible to obtain sanction for its completion.

The decision reached in 1935 to establish a Village Settlement for tuberculous persons of approved categories was promptly followed by the erection of a wood-working shop and offices, and later the provision of a hostel for twenty-two single men and six specially designed houses.

The Settlement and its industries have been kept going and the accommodation fully utilised despite the war-time difficulties, and a considerable number of men have received the benefits which no other type of service can provide.

A further building project carried successfully through has been the virtual rebuilding of the Ransom Sanatorium and the laying-out of its grounds on a spacious and beautiful plan.

The new buildings (mainly but not wholly replacements) consisted of an administrative block and kitchens, a female cubicle block, a male double-deck cubicle block constructed handsomely on the cantilever principle, a hospital block, complete with theatre and annexes, X-ray department, laboratories, dental treatment rooms, and cubicles for surgical cases, extension to the Nurses' Home, and a new Sisters' Home.

The engineering services were completely remodelled and a power house was provided from which heating and hot water services radiate to the whole of the buildings, together with an independent electricity supply.

Certain older pavilions were structurally altered and fitted with verandahs, thus extending their useful life.

Other new buildings provided during the period included new Tuberculosis Dispensaries at Worksop and Mansfield, and new Child Welfare Centre buildings at Stapleford, Balderton and Carlton.

Largely unwritten is the Department's record of war-time service.

The recruitment and training of First Aid and Ambulance Services involving a personnel of four thousand; the improvisation of accommodation; the operational activity; the collaboration in a huge national improvised Hospital Service for Service and civilian casualties and the recruitment and training of the Civil Nursing Reserve; the setting-up of Emergency Maternity Homes and the staffing and management of them; the provision of Day Nurseries; and, last but perhaps the most difficult, collaboration in handling a large scale reception of evacuees of all types and ages.

* * * * *

A book could be written on this twenty-one years, but this brief sketch indicates that Nottinghamshire's progressive Health Authority had reached a stage of comprehensive provision by mid-1948 which made acceptance of the defined responsibilities of the National Health Service Act, 1946, in most cases a mere matter of continuity and expansion of existing Services.

Thus we had already a comprehensive Maternity and Child Welfare Service for our half of the County and could readily absorb the other half from the County District Councils. Midwifery and Home Nursing Services were complete, and Health Visiting Services well developed.

Vaccination we were already doing, and much of the work falling under the heading of "Prevention, Care and After-Care," having already a County Almoner Service at work and a comprehensive Tuberculosis After-Care Service.

In Domestic Help we had made beginnings and in Mental Health we had a well-established Mental Deficiency Service which could readily absorb the additional duties.

The Health Centre Service was new (but its operation is deferred), and the Ambulance Service was new to most County Councils, though Civil Defence had given a fairly tough experience.

Thus our chief trouble was occasioned by the need to prepare at short notice formal "Proposals" for all the Services enumerated, incorporating details of existing Services and plans for future progress, for submission to and approval by the Minister.

In the event the last approval was received eleven days before the appointed day.

However, the Services all worked smoothly from the appointed day, including the transfer of important Maternity and Child Welfare functions from the County District Councils of half the County and the responsibility for Ambulance Services from the County District Councils of the whole County.

The detailed organisation and operation of each Service is recorded in the body of the Report.

The provision of an Ambulance Service for the whole County involved the creation of an entirely new Service, as each County District Council conducted their own Service, which was small in scale, almost entirely on a District basis. Considerable reliance was placed on the services of voluntary bodies.

A large proportion of the ambulances were very old, many twenty years old, and staffing was usually grossly inadequate.

A plan was evolved based on telephone communications. Main Ambulance Stations were placed at telephone communication focal points, with a Central County Control at County Hall.

Sub-stations and Depots were attached to Main Stations in accordance with the run of telephone communications.

Fortunately this essentially rational plan also proved to fit in with sound geographical spacing, so that the County could be covered with Stations and Sub-Stations very accessible in all parts of the County.

The Ambulance Service Proposals were the first approved by the Minister, so that we had breathing space to create the organisation, order new ambulances and cars well in advance, and ensure a reasonably full Service from the appointed day.

The Council's Proposals provided for use of the services of voluntary organisations on an agency basis, and the majority of such organisations, after conferences had been held, agreed to come into the scheme.

However, just before the appointed day all but four withdrew and other arrangements had to be made.

The establishment provides for 42 ambulances and 13 cars, but the Minister amended the Proposals to enable this to be increased, if found necessary, to 47 ambulances and 15 cars.

Personnel was provided on the basis of a forty-eight-hour week with Main Stations on a twenty-four-hour routine by shifts, with reduced cover at night.

Provision was made for each ambulance always to be manned by a Driver and an Attendant.

All personnel were required to be competent Drivers, thus securing ready interchangeability.

These requirements involved a large personnel which, including officers, amounted to 196.

Repairs and maintenance work are carried out in the workshops of the County Fire Service.

The Service has worked well, despite the fact that the demands made upon it have been greatly increased compared with the work done by District Ambulance Services before the appointed day.

With regard to the Tuberculosis Service some apprehension was felt, and expressed to the Ministry when the Act was in the Bill stage, at the proposed dichotomy of this Service ; the placing of ascertainment and treatment in the hands of one Authority and of prevention in the hands of multiple other Authorities in each Region.

The Dispensary had grown up to be the centre of all Tuberculosis and anti-Tuberculosis functions, and the Tuberculosis Officer the head and inspiration of those functions in his Dispensary area.

The County or County Borough Council had become the authority locally in a National Service with a campaigning spirit and urge, and who can gainsay the good work done ?

Already, despite attempts at "liaison" (magic, overworked and often meaningless word !), there are signs of loss of cohesion. "Liaison" is ever a poor substitute for responsibility and there is now no single comprehensive responsibility. Perhaps the victory over Tuberculosis is regarded as won ?

It is too early to comment, at the end of 1948, on the general effect of the National Health Service Act on the County Health Services and the County Population, though as I write at a later date there are ominous defects appearing which may call for comment in my next Annual Report ; the most disastrous being the virtual destruction of a fine County Dental Service upon which reliance was placed, *under the Act*, for the dental care of the priority classes referred to in Section 22, in addition to the care of a large school population.

The taking-over of Maternity and Child Welfare functions from the three Boroughs and eight of the Urban District Councils has already resulted in some up-grading of service, but it is only fair to record that in one or two instances the Service was comprehensive and well and enthusiastically conducted.

The normal County Health Services, now conducted with little change under the National Health Service Act, have been well maintained and expanded.

Additional Child Welfare Centres have been established at Blyth, Cuckney, Misson and Papplewick.

The Health Visiting Staff has been augmented as a result of an accession of Pupils from the County and City Pupil Health Visitors' Training Scheme at Nottingham University, and some of the deficiencies in the Districts taken over have been made good.

The Domestic Help Service is expanding and is in increasing demand.

There was virtually no service in the areas of the previous Autonomous Welfare Authorities (three Boroughs and eight Urban District Councils), though small beginnings had been made at Sutton-in-Ashfield, Kirkby-in-Ashfield, and Beeston.

This leeway the County Council now have to overtake, and as I write very material progress has been made.

A full report on Maternity and Child Welfare Services appears in the body of this Report.

The Village Settlement had a difficult year owing to the many restrictions, shortages, and varying markets, but it kept going and towards the end of the year better conditions were prevailing.

The Mental Deficiency Service is very comprehensively reported upon in the body of the Report, together with the added Mental Health functions from the 5th July.

The great problem both for mental cases and mental deficiency cases is still the shortage of institutional accommodation.

The problem has become more severe and the hardships resulting more acute since the appointed day.

The Tuberculosis Service has been carried on with little change, since for the time being the Regional Hospital Board asked my Department to continue the administration and record-keeping from the appointed day, acting as their agent, pending the completion of alternative arrangements. Thus for the time being the Service remained unified, at any rate at the officer level.

I am glad to record that, as far as can be foreseen, the County Scheme for Thoracic Surgery at the Ransom Sanatorium will be maintained.

At the moment the five Tuberculosis Dispensaries are attached to different Hospital Groups, Nottingham, Mansfield No. 5 and Worksop, and are therefore controlled by different Committees, none having any special interest in or knowledge of the requirements of Dispensary work.

This is obviously unsatisfactory, as Dispensary service is by no means similar to a normal Hospital Out-patient Service.

I hope to see unification under a single Committee charged with a special responsibility for the Tuberculosis Dispensary Service, and, having been consulted, I have advised this.

In conclusion I would indicate that with my mind full with the experiences of the first full year (1949) under the re-orientated administration under the National Health Service Act I have sought to limit my comments to the earlier experience of the changes during the first six months after the appointed day.

STATISTICS AND NATURAL AND SOCIAL CONDITIONS OF THE AREA.

Area (in acres) land and inland water	..	..	..	523,843
Population (Census 1921)—(actual 378,525)	..	..	..	*377,346
Population (Census 1931)—(actual 443,930)	..	..	..	*436,542
Number of Inhabited Houses (Census 1931)—(actual 108,758)				*106,634
Number of Families or separate Occupiers (Census 1931)— (actual 111,804)	..	..	..	*109,674
Average number of persons per house (Census 1931) (actual 4.1)	..	..	..	*4.1
Population (estimated to the middle of the year)	..	..		518,300
Estimated increase during the year	..	..	..	12,610
Rateable Value (1st April, 1948)	..	..	..	£2,702,663
Estimated product of a penny rate (1947-48)	..	..	..	£11,168

These figures relate to the area of the County as constituted at the 30th September, 1935, and exclude the population enumerated in the areas transferred to the City of Nottingham under the Nottingham Corporation Act, 1932, which came into effect on 1st April, 1933.

VITAL STATISTICS.

The Vital Statistics for the year 1948, together with those for the previous year for comparison, are shown in tabular form below.

The population of the County at mid-year 1948 as estimated by the Registrar-General was 518,300, an increase of 12,610 over the previous year. This is the highest population figure yet recorded.

The number of deaths during the year from all causes in the increased population was 5,003—556 less than in 1947. The rate was 9.65 per thousand of the population, the lowest ever recorded, the previous lowest rate being 10.1 in 1938. The rate for the country as a whole also fell from 12.0 in 1947 to 10.8 in 1948.

The number of live births in the County was 9,486.

The birth rate for the whole County was 18.3, the lowest since 1942, in which year the rate was 18.0 per thousand of the population. The reduced rate was still, however, higher than that for the whole country, which was 17.9.

The Infantile Mortality Rate was 42 for the whole County as compared with 41 in the previous two years, when it was the lowest ever recorded. The rate for England and Wales was 34.

The number of maternal deaths again decreased from 10 to 8 with a rate of 0.82 per thousand live and still births, compared with the rate of 1.02 for England and Wales.

Tuberculosis deaths showed a decrease from 258 in 1947 to 202 in 1948 (164 pulmonary and 38 non-pulmonary). The rate for all forms was 0.39, the lowest rate recorded.

The death rate for pulmonary tuberculosis was 0.32, again the lowest recorded.

The death rates from tuberculosis for England and Wales also showed a decrease in comparison with the previous year—all forms 0.51 as compared with 0.55 in 1947, and pulmonary and non-pulmonary 0.44 and 0.07 respectively, as compared with 0.47 and 0.08 the previous year.

The total deaths attributable to cancer in the County during 1948 were 805, as compared with 827 the previous year. The rate was 1.55 per thousand of population as compared with 1.63 in 1947, and the rate for England and Wales was 1.86 (1.85 the previous year)

1.	Infantile Mortality.				1947.	1948.
	Rate per thousand live births—					
	a. Whole County	..	..	..	41	42
	b. England and Wales	..	..	..	41	34
2.	Maternal Mortality.					
	(i) Rate per thousand live births—					
	a. Whole County	..	..	..	0.94	0.84
	b. England and Wales	..	..	..	Not available	
	(ii) Rate per thousand total (live <i>and</i> still) births—					
	a. Whole County	..	..	..	0.91	0.82
	b. England and Wales	..	..	..	1.17	1.02
3.	Puerperal Sepsis.					
	(i) Rate per thousand live births—					
	a. Whole County	..	..	..	0.19	0.10
	b. England and Wales	..	..	..	Not available	
	(ii) Rate per thousand total (live <i>and</i> still) births—					
	a. Whole County	..	..	..	0.18	0.10
	b. England and Wales	..	..	..	0.16	0.13
4.	General Death Rate.					
	a. Whole County	..	..	..	11.0	9.65
	b. England and Wales	..	..	..	12.0	10.8
5.	Birth Rate.					
	a. Whole County	..	..	..	21.2	18.3
	b. England and Wales	..	..	..	20.5	17.9
6.	Tuberculosis Mortality.					
	Pulmonary—					
	a. Whole County	..	..	..	0.41	0.32
	b. England and Wales	..	..	..	0.47	0.44
	All Forms—					
	a. Whole County	..	..	..	0.51	0.39
	b. England and Wales	..	..	..	0.55	0.51
7.	Deaths from Cancer.					
	a. Whole County	..	..	..	1.63	1.55
	b. England and Wales	..	..	..	1.85	1.86

The general death rate, birth rate, tuberculosis mortality rates and cancer death rate given above are per thousand of the estimated population.

The following table* gives the chief vital statistics for the years 1947 and 1948 for England and Wales (as supplied by the Registrar-General) and for the County of Nottingham for comparison.

	Birth rate per 1,000 of population.		Death Rate per 1,000 of population.		Deaths under one year per 1,000 births.	
	1947	1948	1947	1948	1947	1948
England and Wales	20.5	17.9	12.0	10.8	41	34
126 County Boroughs, etc. ..	23.3	20.0	13.0	11.6	47	39
148 Smaller Towns	22.2	19.2	11.9	10.7	36	32
London, Admin. County ..	22.7	20.1	12.8	11.6	37	31
County of Nottingham ..	21.2	18.3	11.0	9.65	41	42
Aggregate Urban Districts ..	21.6	18.6	11.1	9.84	41	43
Aggregate Rural Districts ..	19.8	17.5	10.8	9.18	39	38

These rates are calculated on the estimated populations supplied by the Registrar-General.

*The rates supplied by the Registrar-General for England and Wales, County Boroughs, Smaller Towns and London, are provisional figures based on Weekly and Quarterly Returns.

BIRTHS.

The number of live births registered in the County during 1948 was 9,486 as compared with 10,673 the previous year. The rate was 18.3 compared with 21.2 in 1947.

Males exceeded females by 350.

The number of illegitimate births registered during 1948 was 480 as compared with 489 the previous year.

Particulars of the number of illegitimate births registered, the rate per thousand of the population and the rate per thousand live births each year since 1940 are given in the following table.

The figures should, of course, be viewed in the light of the abnormal circumstances appertaining which undoubtedly prevented many of the acts of legitimisation which would normally have taken place.

ILLEGITIMATE BIRTHS.

Year	No. of Illegitimate Births registered	Rate per 1,000 of the population	Rate per 1,000 live Births
1940	287	0.59	37.7
1941	339	0.61	42.6
1942	442	0.92	51.1
1943	541	1.15	58.5
1944	629	1.32	60.8
1945	699	1.47	76.8
1946	610	1.23	61.0
1947	489	0.97	45.8
1948	480	0.92	50.6

DEATHS.

The number of deaths registered during 1948 was 5,003 (2,640 males and 2,363 females) giving a rate of 9.65 per thousand of the estimated population compared with 11.0 for the previous year.

The corresponding rate for England and Wales for 1948 was 10.8 (1947 12.0).

Principal Causes of Death.

The chief causes of death for the whole County in order were as follows :—

Heart Disease	1,391
Cancer, Malignant Diseases	805
Intra-cranial Vascular Lesions	594
Disease of the Respiratory System (excluding Tuberculosis)	569
Congenital Malformations, Birth Injuries, Infantile Diseases, Premature Births	231
Tuberculosis all forms	202

Deaths of Infants under One Year of Age.

The number of registered live births and of infants, legitimate and illegitimate, who died during 1948 before reaching the age of one year, was as follows :—

	No. of Registered Live Births			No. of Deaths of Infants under one year of age		
	Legitimate	Illegitimate	Total	Legitimate	Illegitimate	Total
Male ..	4,679	239	4,918	226	8	234
Female ..	4,327	241	4,568	152	10	162
TOTALS	9,006	480	9,486	378	18	396

The deaths of eighteen illegitimate infants under one year of age out of a total of 480 registered illegitimate live births gives an illegitimate infantile mortality rate of 37 per thousand compared with a legitimate infantile mortality rate of 42 per thousand arising from the death under one year of age of 378 infants out of a total of 9,006 registered legitimate live births.

The total infantile mortality rate for 1948 was 42 per thousand registered live births.

**Table of Causes of Death of Children
Under One Year of Age.**

	NUMBER OF DEATHS.			Rate per 1,000 live Births
	Urban Districts	Rural Districts	County	
Congenital Debility, Malformations, etc. ..	88	33	121	12.7
Premature Birth	73	27	100	10.5
Pneumonia	64	16	80	8.4
Bronchitis	6	2	8	0.8
Other Respiratory Diseases	2	—	2	0.2
Other Tuberculous Diseases	3	—	3	0.3
Diarrhoea	19	11	30	3.2
Other Digestive Diseases ..	7	1	8	0.8
Whooping Cough	8	4	12	1.3
Influenza	1	2	3	0.3
Measles	4	—	4	0.4
Other Causes	19	6	25	2.6

Fifty-six per cent. of the infant deaths were due to pre-natal causes (twenty-five per cent. to premature births and thirty-one per cent. to congenital debility, malformation, etc.) Of forty-two infant deaths which occurred for every thousand infants born alive, twenty-three were due to congenital debility, malformation and premature birth.

The next most frequent cause of death was respiratory disease.

Diarrhoea accounted for more than three deaths per thousand live births.

COUNTY GENERAL HOSPITAL, WORKSOP.

The statistics relating to the work of the County General Hospital for the period 1st January, 1948, to 4th July, 1948 are as follows :—

	E.M.S.	Non- E.M.S.
No. of patients treated during the period .	27	1,181
No. of patients in residence on 1-1-48 .	3	88
No. of admissions including infants born in hospital and persons brought in dead .	24	1,093
No. of births (a) Live births . . .	7	228
(b) Stillbirths . . .	—	17
No. of discharges including infants born in hospital	25	958
No. of deaths	—	86
No. of persons brought in dead . . .	—	1
No. of patients in residence on 4th July, 1948	2	136

During the above-mentioned period the Hospital Staff performed 43 major, 29 minor and 75 tonsil and adenoid (in children under 13 years) operations ; and a further 97 operations were carried out by the Visiting Specialists, including 63 Thoracic Surgical operations.

Details of the operations performed in respect of cases of Pulmonary Tuberculosis and other Intra-Thoracic conditions during the period are given below :—

Thoracoplasty	.	.	.	.	.	24
Adhesion Section	.	.	.	.	.	18
Thoracolysis	.	.	.	.	.	2
Thoracoscopy	.	.	.	.	.	2
Phrenic Crush	.	.	.	.	.	12
Korrekturplasty	.	.	.	.	.	2
Bronchoscopy	.	.	.	.	.	2

AMBULANCE PROVISION.

In accordance with the Council's approved Ambulance Proposals, the County Ambulance Service was inaugurated on 5th July, 1948. The Service has since operated smoothly and efficiently and the expected teething troubles which developed in the initial stages have been mainly overcome.

The Ambulance Service Establishment is as follows :—

STATIONS, DEPOT OR SUB-STATION	TELEPHONE No.	VEHICLES		SERVICE AVAILABLE
		Amb.	Car	
NOTTM. GROUP STATION (County Control)	Nottingham 88771/2			Manned 24 hours
<i>Depots—</i>				
Arnold	„	1	1	Manned 8 a.m. to 5 p.m. Drivers on Standby 5 p.m.—8 a.m.
Beeston	„	4	1	Manned 24 hours
Carlton	„	2	1	do.
Hucknall	„	2	1	do.
West Bridgford	„	2	1	do.
<i>Sub-Stations—</i>				
Eastwood	„	1	—	Manned 8 a.m. to 5 p.m. Drivers on Standby 5 p.m.—8 a.m.
Kirkby-in-Ashfield	„	2	—	do.
Ruddington	„	1	—	do.
Southwell	„	1	—	do.
MANSFIELD MAIN STATION	Mansfield 2019	8	3	Manned 24 hours
<i>Sub-Stations—</i>				
Bilsthorpe	„	1	—	Manned 8 a.m. to 5 p.m. Drivers on Standby 5 p.m.—8 a.m.
Ollerton	„	1	—	do.
WORKSOP MAIN STATION ..	Worksop 2128/9	4	2	Manned 24 hours
<i>Sub-Station—</i>				
Harworth	„	1	—	Manned 8 a.m. to 5 p.m. Drivers on Standby 5 p.m.—8 a.m.
RETTFORD MAIN STATION ..	Retford 400	3	2	Manned 24 hours
NEWARK MAIN STATION ..	Newark 2096/7	3	1	Manned 24 hours

The Sub-Stations at Warsop, Bingham, Kimberley, Misterton and Tuxford, will be put in operation when staff and accommodation become available.

During the period 5th July—31st December, 1948, the County Ambulance Service attended 22,984 cases involving a total mileage of 295,099.

The following classification indicates the category of cases involved :—

Treat- ment	Accident	In- fectious	Emer- gency	Mater- nity	Other	TOTAL
18,657	981	355	1,870	1,010	111	22,984

Vehicles.

On the 5th July the Service was commenced with 39 ambulances and 3 sitting case cars ; many of the vehicles which were transferred under the Act or purchased from voluntary bodies were of an obsolete type and a replacement programme was planned, firstly to bring the vehicle establishment up to the approval strength of 42 ambulances and 13 sitting case cars, and secondly, to replace gradually worn out vehicles.

During the period 5th July, 1948 to 31st December, 1948, five new ambulances (Austin 16 h.p. Welfarers) and 6 sitting case cars (Austin 16 h.p.) were purchased.

Personnel.

Only 29 ambulance personnel, previously engaged on ambulance work with Local Authorities, were transferred to the County Ambulance Service.

The Council's approved total establishment was 194 including 3 clerical staff and 15 Clerk-Telephonists and by the 31st December, 1948, further staff had been recruited to make a total of 154 ambulance personnel.

CLINICS AND TREATMENT CENTRES.

The table which follows on pages 26-27 shows the various Clinics and Centres in operation in the County.

The figure shown opposite each place indicates the number of sessions held under each heading per month of four weeks.

Further tables giving days and times of sessions at County Centres and Clinics are given in the chapters dealing with the respective Services.

CLINICS AND TREATMENT CENTRES.

SITUATION OF CLINIC OR CENTRE	Maternity and Child Welfare	Ante-Natal	Post-Natal	School Clinic	Tuberculosis	Venereal Diseases	Orthopædic	Dental
Arnold (3 M. C. W. Centres)	16†	5†	2†	8	—	—	—	34
Awsworth	2	1	—	—	—	—	—	—
Balderton	4	1	—	4	—	—	—	—
Barnby Moor	2	1	—	—	—	—	—	—
Beauvale	4	1	—	—	—	—	—	—
Beeston (& Stapleford) ..	12†	8	—	8	—	—	—	8
Bestwood	2	1	—	—	—	—	—	—
Bilsthorpe	4	1	—	8	—	—	—	4
Bingham	4	1	—	—	—	—	—	—
Blidworth	4	2	—	—	—	—	—	—
Blyth	2	1	—	—	—	—	—	—
Bunny	2	1	—	—	—	—	—	—
Burton Joyce	2	1	—	—	—	—	—	—
Calverton	2	2	—	—	—	—	—	—
Carlton	16	8	1	12	—	—	—	32
Chilwell (Beeston)	2†	2	—	—	—	—	—	—
Clipstone	4	2	—	8	—	—	—	—
Collingham	2	1	—	—	—	—	—	—
Cotgrave	2	1	—	—	—	—	—	—
Cropwell Bishop	2	1	—	—	—	—	—	—
Cuckney	2	1	—	—	—	—	—	—
Dunham-on-Trent	2	1	—	—	—	—	—	—
East Bridgford	2	1	—	—	—	—	—	—
East Leake	2	1	—	4	—	—	—	—
East Retford	12†	4†	—	8	4*	—	—	8
Eastwood	4	4	—	8	—	—	—	4
Edwinstowe	8	2	—	—	—	—	—	—
Farndon	2	1	—	—	—	—	—	—
Flintham	2	1	—	—	—	—	—	—
Gotham	2	1	—	—	—	—	—	—
Gringley-on-the-Hill	2	1	—	—	—	—	—	—
Harworth	8	4	—	8	—	—	—	8
Hickling	2	1	—	—	—	—	—	—
Hucknall	12†	6†	1	12	—	—	40*	42
Huthwaite (Sutton-in-Ash- field)	4†	2†	1†	—	—	—	—	2
Kilvington	2	1	—	—	—	—	—	—
Kimberley	4	2	—	8	—	—	—	—
Kirkby-in-Ashfield	8†	4†	—	8	—	—	—	8
Lambley	2	1	—	—	—	—	—	—
Langar	2	1	—	—	—	—	—	—
Langold	4	2	—	8	—	—	—	4
†Loughborough	—	—	—	—	—	—	44*	—
Lowdham	8	1	—	—	—	—	—	—
Mansfield (5 M. C. W. and Ante-Natal Centres, 3 School Clinics)	28†	16†	—	24	16*	72*	44*	84
Mansfield Woodhouse (2 M. C. W. and Ante-Natal Clinics)	12†	4†	—	8	—	—	—	12

†Nottinghamshire cases living near the boundary attend this Clinic.

CLINICS AND TREATMENT CENTRES—*continued.*

SITUATION OF CLINIC OR CENTRE	Maternity and Child Welfare	Ante-Natal	Post-Natal	School Clinic	Tuberculosis	Venereal Diseases	Orthopædic	Dental
Mattersey	2	1	—	—	—	—	—	—
Misterton	4	1	—	—	—	—	—	—
Misson.. .. .	2	1	—	—	—	—	—	—
Newark	8†	2†	—	12	4*	—	24*	28
Newstead	4	2	—	—	—	—	—	—
North Muskham	2	1	—	—	—	—	—	—
Nottingham	—	—	—	—	16*	80*	44*	—
Ollerton	8	2	1	8	—	—	—	8
Papplewick	2	1	—	—	—	—	—	—
Plumtree	2	1	—	—	—	—	—	—
Porchester	8	2	—	—	—	—	—	—
Radcliffe-on-Trent	2	1	—	4	—	—	—	—
Rainworth	2	1	—	—	—	—	—	—
Ruddington	2	1	—	—	—	—	—	—
Selston	2	2	—	8	—	—	—	—
Skegby and Stanton Hill (Sutton-in-Ashfield) ..	4†	3†	1†	—	—	—	—	—
South Leverton	2	1	—	—	—	—	—	—
Southwell	4	1	—	4	—	—	—	4
Standhill Road	2	2	—	—	—	—	—	—
Stapleford (and Beeston) ..	8†	2	—	8	—	—	—	8
Sutton Bonington	2	1	—	—	—	—	—	—
Sutton-in-Ashfield	8†	6†	1†	12	—	—	—	42
Sutton-on-Trent	2	1	—	—	—	—	—	—
Trowell	2	1	—	—	—	—	—	—
Tuxford	4	1	—	—	—	—	—	—
Underwood	2	1	—	—	—	—	—	—
Warsop (3 M.C.W. Centres)	10†	4†	—	8	—	—	—	—
West Bridgford	12	6	—	8	—	—	—	10
Westwood	2	—	—	—	—	—	—	—
Wigsley	2	1	—	—	—	—	—	—
Willoughby	2	1	—	—	—	—	—	—
Worksop (4 M.C.W. Centres)	14†	6†	—	12	8*	8*	16*	16

†Taken over from former Autonomous Welfare Authorities 5th July, 1948.

*Transferred to the Sheffield Regional Hospital Board 5th July, 1948.

All centres and clinics equipped for Vaccination and Immunisation, and Sessions arranged according to need.

HEALTH CENTRES.

Section 21 of the National Health Service Act, 1946, imposes upon Local Health Authorities the duty "to provide, equip, and maintain to the satisfaction of the Minister, premises, which shall be called "Health Centres," at which facilities shall be available for all or any of the following purposes :—

- (a) for the provision of general medical services under Part IV of the Act by medical practitioners ;
- (b) for the provision of general dental services under Part IV of the Act by dental practitioners ;
- (c) for the provision of pharmaceutical services under Part IV of the Act by registered pharmacists ;
- (d) for the provision or organisation of any of the services which the local health authority are required or empowered to provide (*e.g.*, care of mothers and young children, and vaccination and immunisation) ;
- (e) for the provision of the services of specialists or other services provided for out-patients under Part II of the Act ; or
- (f) for the exercise of the powers conferred on the local health authority by Section 179 of the Public Health Act, 1936 (relating to health education)."

The Minister of Health originally required the submission by Local Health Authorities of their Proposals in relation to Health Centres by the 31st December, 1947. This date was subsequently cancelled, and in a circular letter published early in 1948 the Minister indicated that because of the practical impossibility of a new building programme, and the need for intensive research and thought about design before the new development was launched, he did not expect Local Health Authorities normally to submit any proposals to him yet for the immediate provision of Health Centres. This, however, was not intended to rule out of consideration proposals which, despite the building stringency, the Local Health Authority, after consultation with the Local Executive Council and other interests concerned, regarded as particularly urgent, or conversions which they might find to be both practicable and attractive, without the need for delay.

In anticipation that the Authority would be required by the Minister to submit proposals for Health Centres before the appointed day, a map was prepared on which were plotted tentative suggestions for the establishment of Main Centres (with all the requisite facilities for the services referred to in (a) to (f) above) in the larger centres of population, and of smaller Sub-Centres to serve areas where the population was less numerous and not so concentrated. By the end of the year this tentative siting of Main Centres and Sub-Centres had been approved by the County Health Committee, and discussion had commenced with the County Director of Planning with a view to the reservation of actual sites. It is, however, obvious that no rapid or extensive development of Health Centres can be expected while present conditions of stringency persist.

MATERNITY AND CHILD WELFARE.

Prior to the 5th July, 1948, the County Council were responsible for the administration of maternity and child welfare services in the six Rural Districts and the Urban Districts of Carlton, Eastwood and West Bridgford, with a mid-1948 population of 219,080 with approximately 4,000 births per annum.

As from the appointed day, the County Council became responsible for the maternity and child welfare services in the whole of the administrative county (population 518,300) and the work of the following previously autonomous welfare authorities was taken over :—

Mansfield Borough
 Newark Borough
 Retford Borough
 Worksop Borough
 Arnold Urban District
 Beeston and Stapleford Urban District
 Hucknall Urban District
 Kirkby-in-Ashfield Urban District
 Mansfield Woodhouse Urban District
 Sutton-in-Ashfield Urban District
 Warsop Urban District.

The resultant access of work is recorded under the appropriate headings in the following pages.

Health Visiting.

This service was extended on the appointed day to include the additional duties provided for under Section 24 of the National Health Service Act, and the work undertaken by the 36 Health Visitors during the first six months of the year and by these and the 23 transferred Health Visitors from the 5th July is recorded in the following table :—

	<i>Special Area</i> 1-1-48/31-12-48	<i>Ex-Autonomous Districts</i> 5-7-48/31-12-48	TOTAL
First Visits to Infants .	4,266	2,693	6,959
First Visits to Children .	849	92	941
Re-visits to Infants .	20,934	6,691	27,625
Re-visits to Children .	48,737	17,201	65,938
Visits to Expectant Mothers	4,806	1,064	5,870
Visits to Post-Natal Mothers	69	412	481
TOTAL VISITS .	79,661	28,153	107,814

Child Welfare Centres.

The fifty-six Centres operating in the County Council's "Special Area" for maternity and child welfare on the 1st January, 1948, were increased to sixty before the 5th July by the establishment of additional Centres at Blyth, Cuckney, Misson and Papplewick.

On the appointed day the County Council assumed responsibility for a further twenty-six Centres. These Centres, with details of sessions, are indicated in the list of Child Welfare Centres given on pages 26 to 27.

Details of the attendances made and the medical consultations afforded at the Centres are as follows :—

Attendances.

	<i>Special Area</i> 1-1-48/31-12-48	<i>Ex-Autonomous Districts</i> 5-7-48/31-12-48	TOTAL
Infants	43,707	34,553	78,260
Children	27,718	16,567	44,285
Expectant Mothers	434	30	464
Post-Natal Mothers	33	8	41

Medical Consultations.

Infants	12,555	6,956	19,511
Children	8,023	2,963	10,986
Expectant Mothers	341	28	369
Post-Natal Mothers	27	8	35

Ante-Natal and Post-Natal Clinics.

In the sparsely populated rural areas, ante-natal and post-natal cases attend the Medical Officers' sessions at the Child Welfare Centres. Separate sessions for ante-natal and post-natal cases are provided for the more populous rural districts, and the urban areas and, where the numbers warrant it, these are still further divided into special sessions for each category.

The 59 Centres undertaking ante-natal examinations before the 5th July were augmented on that date by the 16 Clinics taken over in the transferred districts. Separate post-natal sessions were held at one of the larger Centres in the County Council's "Special Area" and at five of the Centres transferred to the County Council under the National Health Service Act. Details of these Clinics are shown on pages 26 and 27. Particulars of attendances and Medical Consultations are as follows :—

	ANTE-NATAL			POST-NATAL		
	<i>Special Area</i> 1-1-48/ 31-12-48	<i>Ex-Auto-nomous Districts</i> 5-7-48/ 31-12-48	<i>Total</i>	<i>Special Area</i> 1-1-48/ 31-12-48	<i>Ex-Auto-nomous Districts</i> 5-7-48/ 31-12-48	<i>Total</i>
Attendances						
Primary .	2,056	1,634	3,690	580	136	716
Total .	11,367	8,178	19,545	724	322	1,046
Medical Consultations	11,258	7,926	19,184	704	290	994

Consultant Services.

From the 1st January to the 4th July one hundred and eight cases were referred for specialised advice to the Ante-Natal and Post-Natal Clinics established in conjunction with the Nottingham Hospital for Women and the Mansfield and District Hospital, and twenty-eight ante-natal cases were referred for X-ray examination under the arrangements operating between the County Council and the Nottingham General Hospital, the Worksop Victoria Hospital, the Worksop Kilton Hospital, the Mansfield and District General Hospital and the Newark Town and District Hospital.

In addition, Consultants were called in six cases to patients' homes and two cases at the Consultants' rooms.

From the 5th July, the arrangements for referring cases to the Hospitals were continued, apart from the fact that the County Council were no longer responsible for the Specialists' and Hospitals' charges. One hundred and forty-four cases were referred under these arrangements, and forty-five ante-natal cases were referred for X-ray examination.

Provision of Maternity Outfits.

The issue of maternity outfits, either at cost price or free to necessitous persons was maintained up to the 4th July. One hundred and eighty-two outfits were sold and two were provided free of cost.

From the 5th July maternity outfits, or packets of maternity pads, were issued free of cost and from this date to the end of the year five hundred and twenty-seven outfits and twenty-four packets of maternity pads were issued.

Provision of Elastic Bandages.

During the year six elastic bandages were loaned to expectant mothers on the recommendation of the Medical Officers of the Ante-Natal Clinics.

Maternity Hospital Treatment.

The arrangements for the admission to the Basford and Mansfield County Institutions and the County General Hospital of cases of complicated maternity or of cases whose home conditions were unsuitable for the confinement were continued and, up to the 5th July, 1948, 513 cases were admitted from the County Council's "Special Area" and 497 from the areas of the other Welfare Authorities, the Authority concerned meeting the maintenance charges.

In addition, 120 cases of complicated maternity were admitted to Voluntary Hospitals from the "Special Area" at the cost of the County Council.

As from the 5th July, 1948, the control of the Hospitals passed to the Regional Hospital Board, although the County Council still retain the responsibility for verifying the need in cases requiring admission on account of unsuitable home conditions and for trying to find accommodation for such cases and for any cases of complicated maternity ascertained at the Ante-Natal Clinics. From the 5th July to the 31st December, 1948, 784 cases were admitted under these arrangements making a total number of admissions for the whole year of 1,914 as compared with 2,345 for 1947.

Notwithstanding the whole-hearted co-operation of the Medical Officers of the Hospitals concerned, whose assistance I gratefully acknowledge, the task of dealing with this work under the new arrangements has proved exceedingly arduous. The most stringent investigation as to the need in each case for a hospital bed has failed to bring the number of cases requiring admission within the hospital accommodation now available and my difficulties were increased by some of the Hospitals effecting certain re-organisation which resulted in a reduction in their "intake" of normal maternity cases.

Premature Infants.

The arrangements made in 1946 for the care of the premature child were continued; these arrangements provide for the services of a consultant paediatrician to be available, if required by the medical practitioner in attendance, and the loan of special equipment in cases where the child can be nursed adequately at home. In cases where hospital treatment is considered necessary provision has been made for the child to be transferred in a heated ambulance.

In the "Special Area" from the 1st January to the 4th July forty-seven premature babies were born at home and fifty-five were born in hospital. Of those born at home, eight were subsequently admitted for hospital treatment.

In the whole of the administrative county from the 5th July to the 31st December eighty-seven premature babies were born at home and one hundred and thirty-seven were born in hospital. Of those born at home, thirteen were subsequently admitted for hospital treatment.

Birth Control.

The provision for financial assistance to be afforded to enable selected cases to be referred to the Nottingham Women's Welfare Centre was continued and arrangements were made for cases residing in the northern part of the County to be referred to the Clinics at Orchard Place, Sheffield and Wood Street, Doncaster ; no applications for assistance under these arrangements were received.

Maternal Deaths.

Eight maternal deaths occurred and were located as follows :—

SANITARY DISTRICT	CAUSE OF DEATH.	
	Sepsis	Other
Basford Rural	—	1
Beeston and Stapleford Urban	1	1
Bingham Rural	—	1
Mansfield Woodhouse Urban	—	1
Southwell Rural	—	1
Worksop Borough	—	1
Worksop Rural	—	1
TOTAL	1	7

Dental Care of Expectant and Nursing-Mothers and of Children Under School Age.

The arrangements formulated by the Local Health Authority and approved by the Ministry of Health in connection with provision of dental care for expectant and nursing-mothers and for school-children included an expansion of the existing dental staff establishment, in order that an amount of time equivalent to five whole-time dental officers could be allocated to this work ; the provision of a Dental Laboratory in which dentures and dental appliances could be constructed and the extension of the dental service into the Borough of Retford and the urban district of Warsop, thereby bringing the whole of the Local Health Authority administrative area into the scheme.

Unfortunately, however, the comparatively high rate of remuneration in the General Dental Services Scheme of the National Health Service Act not only made impossible any expansion of the dental staff, but also had the effect of causing several resignations from a staff which was already appreciably below establishment, with the result that at no time during the year was it possible to implement the augmented dental scheme as formulated by the Authority and approved by the Minister.

The whole of the administrative area was, however, brought within the dental scheme, and the services of the depleted dental staff were spread evenly, but, of necessity, very thinly over the whole area.

The following statistical table indicates that in spite of the serious shortage of staff, a fair amount of treatment was accomplished, but, unfortunately, the table can give no indication of the amount of treatment which had to be left undone. There are within the combined City and County of Nottingham only about 150 dental practitioners to meet the dental needs of a total population which exceeds 800,000. These practitioners are overwhelmed with applications for dental treatment, and have no option but to refuse many of the applications. From this it follows that there is both an urgent need and a big demand for the provision of an adequate dental service by the Local Health Authority for the special classes for whom the Local Health Authority have been made responsible under Section 22 of the Act, and it is hoped that such a service will be made available in the future.

Treatment Statistics.

Expectant and Nursing-mothers.

Referred	.	.	.	.	.	919
Inspected	.	.	.	.	.	799
Commenced treatment	.	.	.	.	.	600
Attendances made	.	.	.	.	.	4,484
Teeth extracted	.	.	.	.	.	3,452
Fillings inserted	.	.	.	.	.	861
Impressions taken for dentures	.	.	.	.	.	708
Dentures fitted	.	.	.	.	.	438
Miscellaneous operations	.	.	.	.	.	1,565
" Gas " administrations	.	.	.	.	.	63
Completed cases	.	.	.	.	.	599

Children Under School Age.

Referred	.	.	.	.	.	231
*Treated	.	.	.	.	.	382
Attendances made	.	.	.	.	.	939
Teeth extracted	.	.	.	.	.	536
Fillings inserted	.	.	.	.	.	382
Miscellaneous operations	.	.	.	.	.	183
" Gas " administrations	.	.	.	.	.	23

*Excess over number " referred " due to cases referred direct to Dental Officers from private dental practitioners and other Clinics.

Treatment of the Pre-School Child.

The various schemes for the ascertainment, treatment and follow-up of defects in children under school age were fully maintained up to the 5th July but from that date variation in the machinery of some of the schemes was necessary consequent on the coming into operation of the National Health Service Act.

Chronic Tonsils and/or Adenoids.

The arrangements for pre-school children to be treated in the Nottingham Children's Hospital, Mansfield, Newark, Retford and Worksop General Hospitals, and the County General Hospital were continued; one hundred and seven cases were admitted during the year.

Orthopaedic Treatment.

Treatment for orthopaedic defects was carried out on behalf of the County Council by the various District Cripples' Guilds which were absorbed by the Regional Hospital Board on the 5th July. During the year three hundred and ninety-eight children were referred by the Medical Officers of the Child Welfare Centres.

Defects of Vision.

Up to the 4th July examinations for defective vision were carried out by the Assistant Medical Officers. Forty-six examinations were made and in twenty eight cases spectacles were supplied under the scheme.

On the 5th July, this scheme was discontinued and since that date pre-school children requiring examination for defective vision have been referred direct to an optician or ophthalmic surgeon.

Child Life Protection.

The number of children's names on the register on the 1st January, 1948, was twenty-four and eighteen cases were transferred from former autonomous welfare authorities on the 5th July. The names of fourteen children were removed and ten names were added to the register during 1948, leaving a total of thirty-eight names on the register on the 31st December, 1948.

This Department continued to undertake the work in connection with Child Life Protection on behalf of the Children's Committee pending the proper establishment of the Children's Officer's Department.

Adoption of Children.

The Maternity and Child Welfare Committee were appointed as Guardian *ad litem* in fifty-nine cases. After full inquiry had been made in each case all applications were supported and fifty-nine Adoption Orders were made by the Courts.

Here again these enquiries continued to be carried out by this Department pending the completion of the establishment of the Children's Department.

Day Nurseries.

The four Day Nurseries established during the war at Carlton, Eastwood, Harworth and West Bridgford continued to meet a need in their immediate areas and on the appointed day the County Council assumed responsibility for a further five which were previously administered by the Beeston and Stapleford Urban District (two), Mansfield Borough (two) and Newark Borough.

The average attendances were as follows :—

	UNDER 2 YEARS.	2-5 YEARS.
Carlton	6	12
Eastwood	5	14
Harworth	8	12
West Bridgford	5	15
Beeston	15	29
Stapleford	18	38
Mansfield (Bull Farm)	10	26
Mansfield (Ravensdale)	7	20
Newark	9	25

Nursing Homes.

Two new Nursing Homes were registered for eight maternity cases during the year. The Keeper of one Home intimated that she wished to reduce her accommodation from eight to six maternity cases, and the approved accommodation of a further Home was varied from three maternity and sixteen chronic cases to seven maternity and fifteen chronic cases.

There were twelve Nursing Homes registered at the end of 1948, and these provided beds for sixty-two maternity cases and fifty-eight other cases. The Inspectors made forty-three visits of inspection during the year.

HOME HELP SERVICE.

At the commencement of the year, a service existed in Carlton, Eastwood and West Bridgford Urban Districts which had been started by the County Council in the previous autumn. Rapid development made it necessary to appoint an administrative staff consisting of a Sub-Organiser and Case-Worker for Carlton Urban District and the surrounding rural area. A Deputy Home Help Organiser was also appointed whose duties included the organisation of the work undertaken in West Bridgford, leaving the administration of work at Eastwood and the remaining rural areas of the County to the County Home Help Organiser.

A survey of the remaining Boroughs and Urban Districts undertaken prior to July showed that a service existed in Sutton-in-Ashfield, comprising twelve part-time Home Helps and a part-time Organiser and there were small schemes operating also in Beeston and Stapleford and Kirkby-in-Ashfield. These were taken over on the appointed day and brought into line with the existing County Service, the part-time Organiser of Sutton-in-Ashfield received a full-time appointment, and her duties included the organisation of the service at Kirkby-in-Ashfield. There were no operative schemes at Arnold, Hucknall, Mansfield, Mansfield Woodhouse, Newark, Retford, Warsop and Worksop. A service was put into operation in Arnold Urban District which was amalgamated with that of Carlton under the supervision of the same administrative staff. Satisfactory progress was made and the roll of Home Helps employed at the close of the year was seventy-five.

	<i>Hours of Service given during 1948.</i>
Beeston and Stapleford	1,781
Carlton	10,359
Eastwood	3,366
Kirkby-in-Ashfield	1,792
Rural Areas	3,679
Sutton-in-Ashfield	3,633
West Bridgford	9,403
TOTAL	34,013 hours

MIDWIFERY.

The maintenance of a whole time Domiciliary Midwifery Service became the responsibility of Local Supervising Authorities under the Midwives Acts with the coming into operation of the Midwives Act, 1936. Prior to the 5th July, 1948, two Local Supervising Authorities shared this responsibility in Nottinghamshire—the Mansfield Borough Council provided the requisite service in their own area and the County Council were responsible for the rest of the County.

Section 23 of the National Health Service Act, 1946, made the Local Health Authority—*i.e.*, the County Council—the Local Supervising Authority for the purposes of the Midwives Acts for the whole of the County Area, and imposed on them the duty “to secure, whether by making arrangements with Boards of Governors of teaching hospitals, Hospital Management Committees or voluntary organisations for the employment by those Boards, Committees or organisations of certified midwives or by themselves employing such midwives, that the number of certified midwives so employed who are available in the authority’s area for attendance on women in their homes as midwives, or as maternity nurses during childbirth and from time to time thereafter during a period not less than the lying-in period, is adequate for the needs of the area.”

Thus, as from the appointed day (5th July, 1948), nine midwives engaged in domiciliary midwifery and eighteen midwives engaged in Institutional practice who had previously notified their intention to practice to the Mansfield Borough Council were transferred to the supervision of the County Council.

The arrangements in operation prior to the appointed day in the area for which the County Council were responsible as Local Supervising Authority were as follows :—

- (i) Certain districts were covered solely by County Midwives—*i.e.*, Midwives employed whole time by the County Council.
- (ii) Certain districts were covered solely by Midwives employed by voluntary organisations—*i.e.*, by the District Nursing Associations, whether or not affiliated to the Nottinghamshire Nursing Federation. Many of these Midwives were also engaged in home nursing.
- (iii) Certain areas were covered both by County Midwives and by Midwives employed by voluntary organisations.

So far as the Midwives employed by voluntary organisations were concerned the net cost of their services was met by the County Council.

The proposals submitted to and approved by the Minister of Health provided for a continuance of the arrangements with voluntary organisations, the County Council meeting the whole cost of the service. The Associations were required to discontinue the collection of benefit subscriptions, and no charge of any sort was made to the public for this service as from the 5th July, 1948.

The supervision of the Midwives was carried out by medical and non-medical Supervisors employed by the County Council (including an assistant non-medical Supervisor transferred from the Borough of Mansfield). For the time being the officers of the Nottinghamshire Nursing Federation are not responsible for the statutory supervision of the Midwives employed by District Nursing Associations ; but the Federation continue to exercise, as agents of the County Council, their functions of general administration, co-ordination, non-statutory supervision, training of midwives, and provision of relief Midwives for District Nursing Associations.

During the year 242 Midwives notified their intention to practise in the County area.

Five hundred and one visits and 2,754 investigations into abnormal cases were made during the year.

Suspension from practice in order to prevent the spread of infection was necessary in the case of twelve Midwives, *i.e.*, County Midwives—eight, District Nurse Midwives—four.

In 1948 medical aid was sent for in 1,637 cases ; 1,598 by Domiciliary Midwives and 39 by Midwives practising in Hospitals or Institutions.

The number of claim forms submitted by Medical Practitioners was 952, claiming fees amounting to £2,378 19s. 5d.

Other statutory notices were received from Midwives as follows :—

Notifications of Stillbirths	.	.	.	.	.	128
Do.	Death of Child	.	.	.	.	64
Do.	Death of Mother	.	.	.	.	3
Do.	Laying out the Dead	.	.	.	.	15
Do.	Liability to be a Source of Infection	.	.	.	.	155
Do.	Artificial Feeding	.	.	.	.	430
						<hr/> 795 <hr/> <hr/>

Eye Discharge in the Newborn.

One hundred and twenty-five cases of inflammation of, or discharge from, the eyes of new-born infants were notified, twenty-three being also notified as Ophthalmia Neonatorum.

Every case attended by a Midwife was inquired into immediately by a Supervisor (Non-Medical) of Midwives, and was subsequently followed-up by a County or District Health Visitor.

Two of the twenty-three cases notified as Ophthalmia Neonatorum concerned the " Special Area " prior to the 5th July, 1948. Eleven cases received hospital treatment and unimpaired vision resulted.

Puerperal Pyrexia.

Thirty-two cases of Puerperal Pyrexia were notified during the year as follows :—

Domiciliary Confinements
15

Institutional Confinements
17

Of the fifteen confined at home, four were subsequently admitted to hospital for treatment. All made good recoveries.

County Midwives.

The number of whole-time Midwives employed directly by the County Council at the end of 1948 was sixty-two, including eight midwives who were employed by the Mansfield Corporation up to the 5th July. In addition sixty-three District Nurse Midwives were employed in the County at the end of 1948 under the agency arrangements set up between the County Council and the Nottinghamshire Nursing Federation and participating District Nursing Associations.

The following is a summary of the work done by the County Midwives during the year :—

VISITS.			
ANTE-NATAL—	Home	.	27,736
	Clinic	.	6,411
	Deliveries—		
	Midwifery	.	3,057
	Maternity	.	727
		—	3,784
	Lying-in	.	62,712
			<hr/>
			100,643
			<hr/>
	Analgesia Administrations	.	324

Midwifery Services by Nottinghamshire Nursing Federation.

The Annual Report of the Federation for the year 1948-49 shows that 1,817 new midwifery or maternity cases were undertaken by their Nurses during the twelve months. In addition the Nurses paid 12,344 Ante-Natal visits and made 1,786 attendances at Child Welfare Centres or Ante-Natal Clinics.

Gas and Air Analgesia.

Twenty Midwives attended at Basford Hospital during 1948 for a course of training in the administration of gas and air analgesia and seventeen were successful in passing the examination.

At the end of 1948 there were one hundred and three Midwives qualified to administer gas and air analgesia, of these fifty-four were County Midwives and forty-nine District Nurse-Midwives.

HOME NURSING.

The County Council as Local Health Authority were required by Section 25 of the National Health Service Act, 1946, "to make provision in their area, whether by making arrangements with voluntary organisations for the employment by those organisations of nurses or by themselves employing nurses, for securing the attendance of nurses on persons who require nursing in their own homes."

The Proposals for carrying out this duty which were submitted to and approved by the Minister of Health indicated that the Authority would utilise the services of the Nottinghamshire Nursing Federation and the seventy-three District Nursing Associations all except ten of whom were affiliated to the Federation. In effect, therefore, the Service would provide a continuance of the well-tried arrangements with which the public were already familiar, the difference being that as from the appointed day the cost would be met by the Local Health Authority and the collection of benefit subscriptions from the public would cease. It was, of course, a statutory requirement that the service should be free. As a matter of administrative convenience

the Authority's Proposals provided that the ten unaffiliated Associations should, as from the appointed day, become associated with and have representation on the Executive Committee of the Nottinghamshire Nursing Federation.

When the Proposals were submitted to the Minister of Health there were a few parishes in which at that time home nursing facilities were not available ; but on the appointed day the service was available to every parish in the County.

The Superintendent and Assistant Superintendent of the Nottinghamshire Nursing Federation continued to carry out their functions of supervision and co-ordination on behalf of the Local Health Authority.

Many of the District Nursing Associations participating in the arrangements also provided midwifery services, and at the appointed day the equivalent of the time of approximately seventy whole-time Nurses was devoted to home nursing.

The arrangements were embodied in Agreements between the County Council and the voluntary organisations concerned, and the transition was effected smoothly and efficiently, thanks to the co-operation of the voluntary organisations and their staffs.

During the period from the 5th July, 1948, to the 31st December, 1948, some expansion of staff was effected, and arrangements were made to equip up to a reasonable standard those Associations whose equipment was found to be deficient.

The staffing of the Service up to the standard aimed at in the Authority's Proposals (one Nurse per four thousand of the population) was hampered more by the shortage of suitable housing accommodation than by lack of suitable applicants to fill vacancies. By the end of the year the equivalent of seventy-six whole-time Nurses were engaged in the Service.

The following is an analysis of the work carried out during the period :—

Total No. of Cases attended during period	3,828
Average No. of Cases attended per equivalent of whole-time Nurse during period	50
Total No. of Visits paid during period	89,293
Average No. of Visits paid per equivalent of whole-time Nurse during period	1,175
	(or 45 per week)
Average No. of Visits paid per Case during the period	23
Equivalent of whole-time Staff employed in Home Nursing at 31st December, 1948	76
Equivalent of whole-time Staff required on basis laid down in County Council's Proposals (1 per 4,000 population—County population mid-1947—505,690)	126
Extent to which existing Staff falls short of requirements (expressed as equivalent of whole-time Nurses)	50
Ratio of existing Staff to Population (expressed as equivalent of whole-time Nurses)	1 per 6,654

MENTAL HEALTH SERVICE.

Administration.

Until the 5th July, 1948, the duties of the Local Authority under the Mental Deficiency Acts, 1913-38, continued to be discharged through the Committee for the Care of the Mentally Defective whilst the administration of the Authority's functions under the Lunacy and Mental Treatment Acts was carried out through the Public Assistance Committee and the Committee of Visitors of the County Mental Hospital. As from that date, however, every local health authority was required by the National Health Service Act, 1946, to introduce a scheme for a unified and comprehensive Mental Health Service embracing the two main branches of lunacy and mental deficiency administration. The establishment of a Health Committee became a statutory obligation and this Committee were empowered to appoint Sub-Committees to discharge such functions as might be assigned to them. The Mental Health Sub-Committee was therefore appointed to deal with the Mental Health functions of the Local Health Authority and meetings are held quarterly.

In addition to two added members with special knowledge and experience of mental health work, the Sub-Committee consisted initially of twelve members of the County Health Committee. All previously served on the Committee for the Care of the Mentally Defective and four were former members of the County Mental Hospital Visiting Committee. Two County District Council representatives on the County Health Committee were subsequently appointed on the Sub-Committee and two vacancies remained to be filled. The total membership was therefore eighteen.

Staff.

(a) *Medical.*

The administration of the Local Health Authority's Mental Health functions is undertaken by the County Medical Officer who is responsible for the organisation, control, and medical direction of the Service, and such duties are carried out through the Mental Health Section of the Public Health Department.

It has not yet been possible to implement the Local Health Authority's decision to appoint a specially experienced Assistant Medical Officer for Mental Health purposes, and this work continues to be undertaken by Dr. C. W. W. Jeremiah, the Deputy County Medical Officer, who acts as general adviser on Mental Health matters in addition to discharging such specific duties as medical ascertainment and classification of defectives; acting as the Authority's Certifying Officer for the purposes of the Mental Deficiency Acts; supplying medical evidence in Courts and carrying out the other associated medical duties which arise from time to time.

All the Authority's Assistant County Medical Officers, including the County District Medical Officers of Health, are approved as Certifying Officers under the Mental Deficiency Acts.

(b) *Non-Medical.*

The following non-medical staff of my Department were employed on administrative and statutory duties in the Mental Health Service from the appointed day :—

- (i) a male Mental Health Officer ;
- (ii) a female Superintendent Mental Health Worker (formerly the Mental Deficiency Supervisor) ;
- (iii) a female Mental Health Worker (formerly the Assistant Supervisor) ;
- (iv) ten part-time male Mental Health Workers, also employed half-time as District Welfare Officers under the National Assistance Act, 1948 ;
- (v) one male Assistant Mental Health Worker and District Welfare Officer, for relief duties ;
(There were two vacancies on the approved establishment for Female Mental Health Workers).
- (vi) Mansfield Occupation Centre staff :—
One Instructress ;
One female Domestic Assistant and Escort ;
Two part-time female Escorts ;
- (vii) One female Home Teacher.
(one vacancy)
- (viii) Two clerks and a shorthand-typist.

Seven of the ten male Mental Health Workers were previously employed in the County as Relieving Officers and three as Assistant Relieving Officers, whilst the male Assistant was formerly a Clerical Assistant in one of the Council's Relief Offices.

The County area is divided into ten districts and a male Mental Health Worker is allocated to each (with appropriate office accommodation) whilst the Assistant Mental Health Worker is available for general assistance, relief duty, etc., throughout the County as necessary. All these Officers, together with the Mental Health Officer and the two female Mental Health Workers, have been approved as "Authorised Officers" for all purposes of the Lunacy, Mental Treatment, and Mental Deficiency Acts.

In view of the overriding necessity of providing a continuous day and night service, the male Officers responsible for the ten districts work in pairs and relief duties at night and week-ends are arranged as mutually convenient, whilst it has been agreed that notwithstanding their duties as District Welfare Officers, urgent Mental Health duties shall receive priority at all times. It was originally intended to compensate these Officers for work outside normal office hours by granting "time-off" in *lieu*, but it has since been decided to discontinue this arrangement and grant each Officer an additional week's leave each year. Each Officer is an authorised car user and telephones have been installed and are maintained at their private residences at the cost of the County Council.

Detailed particulars relating to the location and availability of the Authorised Officers have been circulated to medical practitioners, police, Clerks to Justices and all other Bodies in the Area likely to be concerned with the Mental Health Service.

Co-ordination with Regional Hospital Boards and Hospital Management Committees.

It has been agreed, in conference, that there should be close co-ordination, in the interests of the patients, between the Local Health Authority Officers responsible for the non-institutional care of patients suffering from mental illness or mental deficiency and the Officers of the Regional Hospital Board who are responsible for the institution care of such cases. I have therefore endeavoured to ensure that there is close consultation and interchange of information about individual patients between my Department and the Board's Psychiatrists.

The Local Health Authority's Mental Health Workers have continued to undertake the supervision of defectives sent on licence or holiday leave in their area from institutions and all necessary reports have been supplied to Hospital Management Committees. In addition, reports for the information of the Visitors have been completed in all institution cases where the Orders have become due for re-consideration and, where appropriate, Dr. Jeremiah has carried out the special medical examination required by the Board of Control after a patient has been on licence from institution care for two years.

Notwithstanding the general shortage of mental deficiency accommodation, every care has been taken to keep the Regional Psychiatrist informed of those Nottinghamshire patients who are considered to be urgently in need of institution care and/or training. Towards the end of 1948, a list of such cases was forwarded to the Regional Psychiatrist—together with relevant clinical and social notes—and this list has been enlarged from time to time by the addition of every case which has subsequently assumed aspects of urgency. I am satisfied that this arrangement has been worthwhile and there is no doubt that it has facilitated the selection of patients for those institutional vacancies which have occurred.

The Local Health Authority have not been asked to undertake the supervision of patients on trial or on licence from mental hospitals, neither is there any arrangement for the joint use of Officers. Information is however received of the discharge of cases from Hospital,

Voluntary Associations.

There is no Voluntary Mental Health Organisation expressly serving Nottinghamshire and the Local Health Authority have not delegated any of their Mental Health duties to such Bodies. Prior to the 5th July, 1948, an annual grant of £22 was made to the National Association for Mental Health in accordance with the scheme formulated

by the Minister of Health under Section 102(2), Local Government Act, 1929, which was repealed on the appointed day but, since it was considered that the facilities offered by the Association were of value, the Local Health Authority have provided for a continuation of this payment for general services in addition, of course, to specific fees for such purposes as the training of staff.

Training of Mental Health Workers.

Early in 1948, arrangements were made for the attendance of the female Superintendent Mental Health Worker at a two-months residential training course organised by the National Association for Mental Health.

Five of the male Mental Health Workers attended a Course on Mental Health organised by the University of Sheffield, which commenced in November, 1948. This Course conducted on one day each week, lasted for some twenty weeks and the fees and expenses involved were defrayed by the County Council. Whilst the time occupied had its obvious repercussions on the usual day-to-day work of the Service, the Officers concerned were unanimous in expressing their appreciation of the opportunity given them to attend.

Arrangements were also made for the attendance of the Home Teacher and the Mansfield Occupation Centre Instructress at a residential refresher course organised by the National Association for Mental Health at the Daneshill Training College, near Retford, from 28th August to 4th September, 1948.

Work Undertaken in the Community.

Section 28, National Health Service Act, 1946, Prevention of Illness, Care and After-Care.

The County Council were fortunate on the appointed day in having already established an active and potentially complete Mental Deficiency Service. Whilst there was, of course, ample scope for development under Prevention of Illness, Care and After-Care arrangements, the essentials of an effective service were already in being and it remained for them to be expanded and developed so as to cover every aspect of mental illness, and not merely mental deficiency as hitherto.

The following summary gives some brief indication of this work which is being undertaken at present :—

Prevention of Illness.

Prompt investigation of all cases reported ; advice on facilities for diagnosis and early treatment ; assistance in eliminating difficulties and solving problems.

Care and After-Care.

Supervision and advice ; assistance in obtaining employment and with any domestic difficulties ; co-operation with the County Welfare Officer in the protection of property of patients admitted to hospital ; provision of items of nursing equipment such as bedpans, urinals, mackintosh sheeting or invalid chairs in necessitous cases ; provision of home teaching and occupation centre facilities ; maintenance of suitable cases in After-Care Homes.

After-Care of Ex-Service Personnel and Others.

In Circular 146/48, the Minister of Health referred to arrangements which had existed since 1943 whereby the National Association for Mental Health had undertaken after-care of ex-service personnel and others of psychotic or neurotic tendencies no longer requiring in-patient treatment, and of persons of sub-normal mentality and of epileptics not requiring institution care, and suggested that cases of the types mentioned should in future be referred to Local Health Authorities who would provide any necessary help in accordance with their after-care arrangements. It was further suggested that Authorities should undertake this work either through their own staffs or by using the services of the National Association and Authorities were asked to inform the Minister what action it was proposed to take.

It was felt that any commitments which might arise in connection with such cases could reasonably be undertaken by the Authority's own Officers without undue difficulty and the Minister was informed accordingly.

Lunacy and Mental Treatment Acts, 1890-1930.

The following figures summarise the work undertaken by the Local Health Authority's Duly Authorised Officers during the period from 5th July—31st December, 1948, in securing treatment for persons suffering from mental illness :—

	<i>Admissions to Hospital</i>	<i>Males</i>	<i>Females</i>
(a)	Mental Treatment Act, 1930—		
	As Voluntary patients (Section 1) .	31	43
	As Temporary patients(Section 5) .	—	2
(b)	Lunacy Act, 1890—		
	Under Summary Reception Orders (Section 16)	39	44
	Under 3-day Orders (Section 20) .	9	8
	Referred to Psychiatric Out-patient Clinics	2	6
		81	103

The above statistics do not provide a complete picture of patients admitted from the County Area as, with the establishment of Psychiatric Out-patient Clinics at the Nottingham General Hospital and the Mansfield and District General Hospital, patients, after attendance at one of these Clinics, were as necessary referred direct to Saxondale Hospital for admission under the Mental Treatment Act, thus avoiding the necessity for action by the Duly Authorised Officers. A number of the persons included in the statistics also had the benefit of psychiatric advice at the Clinics before their ultimate admission for treatment, and co-operation at this stage between the Duly Authorised Officers and the Clinics has been one of the features of co-ordination between the community Mental Health services and the Hospital services. This liaison also facilitated the practice of making the widest possible use of the provisions for voluntary and temporary treatment. It also enabled some measure of priority to be accorded to patients urgently requiring treatment, for, during the period under report, attention was drawn on several occasions by the Medical Superintendent of Saxondale Hospital to the pressure on accommodation at the Hospital, and this necessitated a careful selection of patients for admission.

As in previous years the Saxondale Hospital (formerly the County Mental Hospital) continued to serve the County 'catchment area', although in several instances voluntary patients were admitted, for medical reasons and convenience, to Hospitals in adjacent areas. The former Basford, Mansfield and Newark County Institutions have also been designated by the Minister of Health as Mental Hospitals, but it was not possible to take advantage of these facilities owing to accommodation and other difficulties.

The Saxondale Hospital has also been designated as a receiving hospital for the purposes of Section 20 of the Lunacy Act, 1890, and cases dealt with under this provision, which were formerly admitted to the County Institutions, were removed direct to the Hospital, with follow-up procedure subsequently being undertaken by the Duly Authorised Officer in whose district the Hospital is situated. In view of accommodation difficulties, however, the Duly Authorised Officers were advised to exercise the utmost restraint in effecting such admissions and these were consequently few in number.

One minor addition to the Local Health Authority's duties was that connected with the Rampton Hospital for Mental Defectives, whereby arrangements were made for any patient in that Hospital, who became certifiable under the Lunacy Acts, to be removed to a Mental Hospital in the area in which they were normally resident. This function was previously carried out by the Public Assistance Committee under the settlement and removal provisions of the Poor Law Act, 1930.

In effect, the administration of the Lunacy and Mental Treatment Acts underwent little change through the inception of the National Health Service and emphasis during the initial period was laid mainly

on establishing, firstly, close and sympathetic relations with persons suffering from mental illness and, secondly, team-work throughout the various phases of securing treatment for them.

Mental Deficiency Acts, 1913-38.

(i) General Administration.

The statistical summary which follows includes under the main headings given the figures of work accomplished during the year :—

No. of new cases reported during the year	132
Total number of old cases verified and new cases reported since the re-organisation of the Service in 1933	3,099
Total number of all known defectives in the County on 31st December, 1948	†3,620
Incidence of all mental defectives per 1,000 of the population	6.98
Number under statutory supervision on 31-12-48	578
Number under voluntary supervision on 31-12-48	853
Number under statutory supervision awaiting removal to an institution	74

Orders made during the year :

Institution	41
Guardianship	19
Varying Orders (from Guardianship to Institution)	3
Place of Safety Orders	9
Number under Guardianship on 31-12-48	130
Number on books of Institutions on 31-12-48	436
Number in Places of Safety on 31-12-48	5

Number discharged from Order during the year :

Guardianship	3
Institution	9
Mansfield Occupation Centre—attendances during 1948 (28 cases)	3,867
Home Teaching—No. of cases visited	62
No. of visits paid during year	838

†Includes 1,446 still within the purview of the Local Education Authority.

(ii) Ascertainment.

As indicated in the foregoing statistical summary, 132 new cases were reported during the year, as follows :—

	M.	F.	T.
(a) Cases reported by Local Education Authority (Section 57, Education Act, 1944) :			
Under Section 57(3)	23	13	36
Under Section 57(5)	23	5	28
(b) Other cases reported during 1948 and ascertained to be ' subject to be dealt with '	5	3	8
Total cases ascertained to be ' subject to be dealt with ' during the year	51	21	72
(c) Other cases reported during 1948 who are not ' subject to be dealt with '	20	40	60
	71	61	132

These cases were dealt with in the following manner :—

	M.	F.	T.
(d) Cases ascertained to be ' subject to be dealt with ' :			
Admitted to Institutions (by Order)	6	3*	9
Taken to Places of Safety	2	—	2
Placed under Statutory Supervision	42	17	59
Removed from Area	—	1	1
Found not to be defective	1	—	1
(e) Cases not at present ' subject to be dealt with ' :			
Placed under Voluntary Supervision	17	38	55
Found not to be defective	1	—	1
Died or removed from area	2	2	4
	71	61	132

*Two of these patients had previously been detained in Places of Safety.

Whilst the number of cases statutorily reported by the Local Education Authority under Section 57 of the Education Act, 1944, was nearly the same as the figure for the previous year (seventy-four cases were so reported in 1947), there has again been a considerable increase in the number of children ascertained through the School Health Service to be educationally sub-normal and to be in need either of admission to a Special School or of special educational treatment in an ordinary school. Every effort continues to be made to deal with such cases in the spirit of Ministry of Education Circular 146 of 1947 by reporting to the Local Health Authority only those whose ineducability is obvious and deferring consideration of the remainder until they have been given a trial at school. The closest co-operation exists between the School Health Service and the Mental Health Service in this respect.

The ratio of cases ascertained by the Local Health Authority was four per thousand of the population at the end of 1948 as compared with 3.89 per thousand in 1947 and 2.03 per thousand at the end of 1933.

Including cases still within the purview of the Local Education Authority, the ratio per thousand of the population was 6.98 as compared with the Wood Committee's estimate of the incidence of mental defectives, viz., eight per thousand of population.

(iii) *Guardianship.*

During the year, petitions for Orders for the appointment of Guardians were presented in respect of nineteen defectives (ten males and nine females) and Orders were obtained in each case. In three cases (two males and one female) the Orders were obtained to replace Orders which had lapsed by operation of law.

Varying Orders were obtained for the transfer of two males and one female from Guardianship to Institutions whilst the deaths of two female defectives under Guardianship occurred during the year.

On 31st December, 1948, monetary allowances were being granted to Guardians in respect of 109 cases at the following rates :—

1 case	at 15/-	weekly
74 cases	at 17/6	a head weekly
28 „	at 20/-	do.
3 „	at 22/6	do.
2 „	at 25/-	do.
1 case	at 25/6	weekly

Additional assistance was also provided in appropriate cases in the form of clothing and bedding grants and grants towards holiday travelling and maintenance expenses, whilst the schemes for the provision of medical, dental and optical treatment were discontinued on the appointed day for the coming into operation of the National Health Service Act since, at that date, such facilities became available to all patients through the general medical services under Part IV of that Act. In accordance with the requirements of the Mental Deficiency Regulations, 1948, however, steps were taken to ensure the provision of personal medical services for each patient and, where necessary, advice has been given concerning the availability of dental services.

The periodical visitation of patients under Guardianship continued to be undertaken by the Superintendent Mental Health Worker assisted by the Female Mental Health Worker, who, prior to the appointed day, was the Assistant Supervisor.

(iv) *Supervision.*

The routine visitation of defectives in their own homes continued to be carried out during the first half of the year by the Authority's Health Visitors and School Nurses, but appointment of the male Mental

Health Workers as from the 5th July, 1948, made it possible to transfer the work of domiciliary supervision to them. In view of the need for establishing a closely co-ordinated Health Service, steps were taken at the same time to ensure the continued close co-operation of all Health Visitors and School Nurses and their intimate local knowledge and past associations with the Mental Deficiency Service enable them readily to give advice on available facilities for the care of defectives.

It is not possible, of course, to make any set rule as to the frequency of supervision visits and whilst in some cases it is found that more frequent visitation is desirable, one visit every two months is regarded as a minimum in statutory cases whilst quarterly visits are paid to cases under friendly supervision.

It would be untrue to say that the male Mental Health Workers did not meet with rebuffs and difficulties at the outset of their new visiting duties. Many mothers who had previously welcomed Health Visitors were not at first prepared to extend the same welcome to persons whom they still thought of as "Relieving Officers," but by patience and a genuine desire to help, most of the early antipathy has been overcome and it is generally appreciated now that the object of visitation is to make the lot of defectives who are maintained at home as happy as possible; to protect them from their particular failings, and to help them as far as possible to conduct their lives without detriment to the community.

(v) *Training.*

(a) *Occupation Centre.*

The existing arrangements for the provision of occupation and training through the Occupation Centre, conducted in a part of the Folk House, Westfield Lane, Mansfield, have been continued during the year.

The staff consists of the Instructress, Domestic Assistant and Escort, and two part-time Escorts.

The Number of patients attending the Centre at the end of the year was twenty-eight (fourteen males and fourteen females) and there were 3,867 attendances out of a possible 5,193—an average attendance of 74%.

Defectives attending the centre are assisted with bus fares where necessary and all receive milk daily under the "Milk in Schools" Scheme.

Reference was made in my Report for 1947 to the Council's plans for the erection of a new Centre in Mansfield capable of meeting the training and occupational needs of the defective population under community care in the area, and it is regrettable that little or no progress was found to be practicable in this matter during the year. The

chief obstacle to the scheme lies in the difficulty of securing a convenient site and protracted negotiations have as yet produced no concrete result. However the need for a new Centre remains an urgent one if the Authority are properly to discharge their duty of providing training for those who need it in the Mansfield area.

(b) *Home Teaching.*

At the end of the year, sixty-two cases were being visited by the Home Teacher on a three-weekly rota, of whom forty-one were under Guardianship, nineteen under Statutory Supervision, and two under Voluntary Supervision. The number of visits made during 1948 was 838 and approximately 800 hours of instruction were given:

There is a vacancy on the approved establishment for one Home Teacher which it has not yet been possible to fill owing to the shortage of trained personnel in this branch of the work but, as soon as it becomes practicable, it is the intention to re-organise the Home Teaching Service in order to secure group centres in the more populous districts where occupation centres are not at present justified. In this manner it is hoped to cater for larger numbers and also to increase the number and frequency of individual visits to isolated cases.

(vi) *Licence.*

In spite of the changed circumstances brought about by the implementation of the National Health Service Act, the Authority's Social Workers have continued to undertake the periodic visitation and supervision in the County area of patients on licence from institution care. Whether this aspect of the Service will continue ultimately depends, of course, upon the decision of the responsible Hospital Management Committees in the matter of appointing their own social workers for this purpose, but there is much to be said for visitation by the Local Health Authority's Officers inasmuch as they usually have an intimate knowledge of the patient, his history, and his home circumstances prior to his admission to institution care. Moreover, there is little doubt that their knowledge of conditions in the area enables them on the patient's behalf to make full use of all available local facilities both in regard to employment and any other form of assistance which may be required.

Prior to the 5th July, 1948, there were a number of Nottinghamshire patients on licence in respect of whom monetary allowances towards maintenance were being made by the County Council as well as clothing and bedding grants and, in order to avoid any hardship on the change-over, the various Hospital Management Committees concerned were informed in good time so as to enable them to make satisfactory alternative arrangements for the continued payment of these allowances from the appointed day. In one case, the responsible Hospital Management Committee requested the Local Health Authority to continue payments on an agency basis pending the institution of their own system and this the Authority readily agreed to do.

Progress reports on individual patients have continued to be supplied at two-monthly intervals and have also been prepared at the request of Hospital Management Committees in connection with initial applications for licence ; applications for discharge from Order and applications for holiday leave. In addition, biennial review special reports as required by Board of Control Circular 850 have been prepared and supplied in appropriate cases.

The number of Nottinghamshire cases on licence on the 31st December, 1948, was sixty-three, of whom thirty-one were resident in the County Area.

As hitherto, this more specialised form of visitation was undertaken during the year by the Superintendent Mental Health Worker and her assistant.

(vii) *Institution Care.*

Orders were made for the admission of forty-one patients (fourteen males and twenty-seven females) to Institutions during the year and, of that number, two were made by H.M. Secretary of State ; one by a Court and thirty-eight by Judicial Authorities following the presentation of petitions. Six of these last mentioned cases had previously been admitted to places of safety.

Nine cases (two males and seven females) were admitted to places of safety during the year, two under Court Orders and seven at the instance of the Local Health Authority's authorised officers.

Eight patients were discharged from Order ; one Order lapsed by operation of law, and there were three deaths.

The total number remaining on the books of institutions on 31st December, 1948, was 436, made up as follows :—

	M.	F.	T.
Six Institutions in the Area of the Sheffield Regional Hospital Board	34	153	187
Twenty-six Institutions outside the Sheffield Region	134	95	229
Rampton and Moss Side Hospitals for mental defectives	15	5	20
	183	253	436

Of this number, sixty-three (twenty-six males and thirty-seven females) were on licence at the end of the year.

On the 31st December, 1948, the ratio of defectives in Institutions per thousand of the population of the County, excluding defectives on licence, was 0.72 as against 0.32 at the end of 1933.

The County Council's Westdale Institution for low-grade children and the partially completed Colony at Balderton, near Newark, passed to the control of the Sheffield Regional Hospital Board on the appointed day, together with the certified accommodation in the former Poor Law Institutions. It is pleasing to record, however, that the Board and their Hospital Management Committees have shown every consideration in the allocation of vacancies to Nottinghamshire patients in accommodation which was hitherto maintained solely for County cases but which, in theory at any rate, is now available to patients throughout the whole of the Sheffield Region. In addition, control of all the mental deficiency accommodation in the Region has enabled the Board to arrange exchanges of patients between institutions so as to secure more suitable accommodation for them, with obvious advantage to all concerned. At the same time, it is to be noted that the general shortage of mental deficiency accommodation continues and difficulties in this County are accentuated by the fact that Regional Hospital Boards throughout the Country have, as expected, placed restrictions on the admission of patients from other Regions, so that it is no longer possible to relieve the situation locally by securing the admission of patients to institutions outside the Sheffield Region. Some idea of the potential effect of this can be seen in the foregoing table from which it will be observed that more than half of this Authority's cases are maintained in institutions outside the Region. The speedy completion of the Balderton Colony appears to be the key to the solution of the local difficulty which adversely affects the well-being of the many mental defectives in the community who are urgently in need of institution care and/or training, and leaves unrelieved an intolerable strain on many of their unfortunate relatives.

Ambulance Services.

The duty of securing means of transport for mental defectives or persons suffering from mental illness is met mainly through the medium of the County Ambulance Service. Occasional use is also made of Mental Health Worker's motor cars for conveying mental defectives.

Male and female escort assistance is obtained as required and is paid for in accordance with an approved scale of fees. Subsistence allowances are also paid to Escorts where it is necessary for them to take meals whilst on escort duty.

If the assistance of trained nursing staff is required, the necessary help is sought from the hospital to which the patient is being removed.

SANITARY CIRCUMSTANCES OF THE AREA.

Prevention of Pollution of Rivers and Streams.

Industrial Pollution.

During the year the scheme for more efficiently dealing with the wagon drainage and water softening waste at Pye Hill Colliery has not been completed but two new pumps have been received and one will be fitted to the water softening plant to lift the waste to the tip. With the second pump it is intended to return the wagon drainage to the Washery for treatment.

Pollution to the Brinsley Brook, River Erewash, has been observed from Moor Green Colliery. At regular intervals some of the dirty water in the washery tower is gravitated to a pumphouse for lifting to the tip. Discharges to the stream occur when the flow exceeds the capacity of the pump and, as the length of pipe is considerable, it is not possible to check the flow at once. A lagoon has been constructed by the side of the pumphouse into which emergency flows can be diverted and it is also understood the control of the operations at the washery plant have been made more rigid.

From the Rufford Colliery pollution to the Rainworth Water, River Maun, has taken place by the breakdown of the bank of one of the old lagoons. At the foot of these lagoons is provided a channel for collecting waste and, in response to representations, extra labour was put on to clean out the channel and to build up the banks.

Of the 407 visits of inspection to Industrial Works by far the majority were made to collieries. Repeated and frequent visits were paid to some pits where it was necessary to request the cleaning out of tanks and subsequently to see that this work had been done. The maintenance of existing plants is very important and sometimes the work is not carried out as regularly as is desirable. This generally occurs through stress of production problems and shortage of available labour, but there is not found any deliberate intention to avoid the responsibility and obligations imposed by the Rivers Pollution Prevention Acts.

Modern methods of mining seem to be bringing to the surface a heavy and increasing amount of dirt and waste material which must be dealt with and disposed of in the most economical manner. Clarification plants are being hard pressed and tanks are filling with solid matter much more frequently so that the work of efficiently maintaining purification units is a very real and constant problem. It is believed that many schemes are being devised to renew and enlarge washery plants and to instal suitable and adequate methods for dealing with the waste material.

With respect to the two Beet Sugar Works in the County, the scheme of alterations proposed at Colwick, whereby the whole of the process waters shall be returned to the Factory, was not completely carried out during the year. One section, the "pulp water" was returned for most of the working period but the effluent from the "pulp presses" was discharged to the settling ponds. It is hoped before the next campaign to have received and installed the necessary special piping to enable this section to be returned to the process in the factory. From both the Colwick and Kelham Factories samples of final effluents discharged to the River Trent were taken during the campaign. The Analyst's general observations indicate that some further degree of improvement in the quality of the effluents discharged is desirable and representations have accordingly been made.

SEWERAGE AND SEWAGE DISPOSAL.

New Sewage Works.

One of two sewage works constructed at the Gamston Aerodrome has now been taken over by the East Retford Rural District Council for their Elkesley Parish.

In the Basford Rural District two sewage works have been put down to deal with the sewage from housing schemes. At Calverton the 26 houses are provided with a tank, percolating filter and humus tank and at Woodborough a tank and fixed troughing filter have been constructed.

Alterations and Maintenance.

In the Basford Rural District at Lambley an existing purification plant dealing with the sewage from Council houses has been enlarged and now consists of two tanks, a percolating filter and humus tank.

At Ruddington work on overhauling the existing sewage pumping plant has been carried out. Representations have been made with respect to the necessity of reorganising this pumping station and, it is understood, a scheme will be prepared.

At Trowell work is proceeding on the construction of the sewerage scheme for the parish.

In the East Retford Rural District in consequence of a complaint of discharges to the stream of humus matter from the sewage works at Nether Headon Camp the method of returning all water and sludge from the humus tanks to the incoming flow of sewage has been adopted.

In the Southwell Rural District at Blidworth much damage has been done to the sewage works by unauthorised persons. As a result of this the arms of the filters have had to be dismantled and repaired and special guard plates fixed to the central columns. Arrangements are also being made to enclose the tanks and filters with iron railings.

In the Beeston and Stapleford Urban District at Chilwell sewage matter was observed rising through the bed of the stream due to a cracked pipe in the rising main between the Toton Sewage Pumping Station and the Long Eaton Sewage Works. The pollution stopped upon the section of pipe being renewed.

Rivers and Streams.

During the year complaints were received from the Warsop District Council with respect to pollution of the stream from the Shirebrook area. The matter was taken up with the Derbyshire County Medical Officer and, it is understood, steps were taken at the Colliery to prevent finely divided suspended matter from entering the stream. Also at the Sewage Works extensions are being carried out and, until these are completed, there may be some restriction in the degree of purification which can be given to the sewage.

Sampling of Effluents.

Periodical sampling of final effluents from the various sewage works in the County was undertaken as regularly as possible and, of the 154 tested, 114 were classified as 'good' or 'fair' and 40 as 'unsatisfactory' or 'bad.'

In addition to the sampling of final effluents taken and reported upon officially, 39 observation samples have been tested. These were taken mainly from the various units of sewage purification plants, and examined for the information and guidance of Engineers and Surveyors with a view to assisting them in the control of their works.

Statistics.

Analysis of Samples.

Summary of analysis of samples examined in the County Laboratory during 1948 :—

Sewage Disposal Works :—

Good effluents	.	.	.	.	70	
Fair effluents	.	.	.	.	44	
Unsatisfactory effluents	.	.	.	.	14	
Bad effluents	.	.	.	.	26	
					<hr/>	154
Manufactory effluents	.	.	.	.		6
Observation samples	.	.	.	.		39
						<hr/>
						199
						<hr/>

Visits of Inspection.

The number of visits paid during the year was as follows :—

Sewage Disposal Works	.	.	.	.	.	373
Untreated Sewage Discharges	.	.	.	.	.	8
Industrial Works	.	.	.	.	.	407
						<hr/>
						788
						<hr/>

WORK UNDERTAKEN BY THE COUNTY HEALTH INSPECTOR.

The following is a brief summary of the work undertaken during the year :—

Investigation of possible sources of pollution of public water supplies	19
Investigation of complaints of sanitary defects received from Health Visitors, County Residents, etc.	68
Investigation of sanitary circumstances generally (including interviews with Officers of County Districts)	196
Inspections of Cowsheds and Dairies	81

Housing :—

- (a) Test checks of compliance with conditions of grants made under the Housing (Rural Workers) Acts 1926-1938 14

- (b) *Rural Housing Survey.*

The Rural Housing Survey continued during the year ; the County Health Inspector acting as Co-ordinating Officer. At present new house construction holds its rightful place in the limelight, and has undoubtedly diverted some attention from the survey.

The Rural Housing Survey has, nevertheless, an important contribution to make towards the improvement of rural housing conditions. It is the first attempt to give a national picture of conditions in the rural areas of this country and the results will provide valuable information for years to come, not only as a guide of the need for replacement houses in any particular parish, but also as a guide for the reconditioning of rural cottages.

It is therefore of some importance that the survey should be completed as quickly as possible.

An analysis of progress returns from 36 Counties in England and Wales shows that up to 31st December, 1947, 774,351 houses had been surveyed, representing 61% of the houses to be surveyed in the 352 Rural Districts covered by the inquiry. The number classified, 766,272, were placed in category groups as follows :—

Categories (1) and (2) — 421,127 houses (55.0%)

Categories (3) and (4) — 256,360 houses (33.4%)

Category (5) — 88,785 houses (11.6%)

The corresponding interim figures for Nottinghamshire included in a report dated the 31st December, 1947, are :—

Categories (1) and (2) — 7,189 houses (40.5%)

Categories (3) and (4) — 7,271 houses (41.0%)

Category (5) — 3,286 houses (18.5%)

Public Cleansing.

A number of the District Councils made improvements in their refuse disposal arrangements during the year, the more important changes being as follows :—

- | | |
|--------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Borough of Worksop | Cleansing services extended to 222 new and other premises during the year. |
| Carlton Urban District | New tipping site of approximately 23 acres obtained nearby existing tip which is to be soiled over in 1949. Additional transport also being obtained to improve upon present collection of refuse at approximately ten-day intervals. |
| Hucknall Urban District | Start made with the distribution of separate pails to householders for collection of kitchen waste for salvage purposes. |
| Sutton-in-Ashfield
Urban District | Refuse collection arrangements thoroughly re-organised. Two new vehicles obtained and old ambulance garage fitted out as a Vehicle Workshop. All dustbins now emptied weekly within five working days—old ashpits being replaced by dustbins as speedily as possible. |

Bingham Rural District	Additional refuse collecting vehicle purchased—fortnightly collection now in operation throughout the District with the exception of a few isolated houses.
East Retford Urban District	One thousand additional dustbins distributed during the year.

Water Supplies.

Detailed particulars of the water supplies in the County have been obtained from the Medical Officers of Health of the County Districts and are contained in the following tabular statement :—

DISTRICT.	PARTICULARS OF SUPPLIES FROM WATERWORKS.										Proportion of houses and population connected to public mains.	Particulars of extensions of water mains.
	Quality.	Quantity.	RESULTS OF BACTERIOLOGICAL EXAMINATIONS.				Results of Chemical Analyses :		Plumbosolvency	Action taken in respect of any form of contamination.		
			Raw Water :		Water after treatment :		Satisfactory	Unsatisfactory				
			Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory						
URBAN DISTRICTS:												
MANSFIELD (Borough) ..	Satisfactory	Satisfactory	—	—	13	—	13	—	Satisfactory	—	Approximately 99.4% of the houses and the population are supplied direct from public water mains and approximately 0.5% by means of stand-pipes.	—
NEWARK (Borough) ..	Do.	Do.	—	—	4	4	4	4	Do.	—	100%. 80% of the houses are supplied direct from public mains and 20% by means of standpipes.	Extensions to new Corporation housing estate.
EAST RETFORD (Borough)	Do.	Do.	50	—	55	—	2	—	Do.	—	99.8% of houses supplied direct from public mains ; remainder by stand-pipes.	3" main 703yds. 4" " 393 "
WORKSOP (Borough) ..	Do.	Do.	11	1	12	—	8	—	Do.	—	96% of the houses and population supplied direct from public mains, remainder by wells and private water works.	3" main 1,967ft. 4" " 1,040 " 6" " 2,665 " 10" " 530 "
ARNOLD ..	Do.	Do.	—	—	—	—	—	—	Do.	—	100%.	Branch mains to new properties.
BRESTON & STAPLEFORD	Do.	Do.	1	—	4	—	5	—	Do.	—	100%, with the exception of one or two isolated properties served by wells.	To new properties only.
CARLTON ..	Do	Do.	11	2	—	—	2	1	Do.	Unsatisfactory supply from two private wells and bores discontinued. Chlorination plant being installed for supply to Industrial premises and Corporation mains supply to houses.	99.3% of houses and population supplied direct from public mains.	3" main 162yds 4" " 477 "
EASTWOOD ..	Do.	Do.	—	—	—	—	—	—	Do.	—	Approx. 100% of houses supplied direct from public mains. Three houses supplied by means of standpipes.	Minor extensions to new properties.

RURAL DISTRICTS:

BASFORD	..	Do. (excepting Parish of Willoughby-on-the-Wolds)	7	8	—	—	7	8	Do.	—	12,821 houses (population 44,873) are supplied direct from public water mains. 213 houses are supplied by means of standpipes. No. of houses in Rural District without a piped supply reduced from 870 to 583.	Main water supply provided for Parishes of Cos-tock and Rempstone.
BINGHAM	..	*Satisfactory	—	§3	—	—	—	—	Do.	Water carted to one village due to contamination of well.	58% of the houses are supplied from public water mains, and 17% by means of standpipes.	Nil by Council. Number of farms had piped supply under the County War Agricultural Committee's Scheme.
NEWARK	..	Do.	—	6	—	—	—	2	Do.	—	Not known.	Extension from 21" Lincoln main to supply Broadholme Besthorpe, N. & S. Clifton, Garton, Harby, Spalford, S. Searle Thorney and Wigsley. Other short extensions from Newark Main to Barnby and Holme.
EAST RETFORD	..	Do.	10	—	59	—	1	—	Do.	—	86% of houses and population supplied direct from public water mains.	2,150 yds. 3" main.
SOUTHWELL	..	Do.	6	§4	29	—	35	4	Do.	—	9,774 houses (population 35,428) are supplied from public water mains, and 597 houses by means of standpipes.	—
WORKSOP	..	Do.	1	—	43	—	6	—	Do.	—	3,843 houses (93.5%) supplied direct from public water mains. 36 houses supplied by means of standpipes.	Three main extensions involving a total of 705 yds. 3" mains.

* The supply from public water mains has been satisfactory, the wells have been unsatisfactory in quality and quantity.
§Samples taken from wells.

ROUTINE MILK SAMPLING.

Type of Sample.	By whom collected.	No. of farms involved.	No. of cows involved.	No. of Samples submitted for biological examination.	RESULT OF BIOLOGICAL EXAMINATION. No. of Samples.		
					Positive.	Negative.	Not Tested.
Mixed herd (non-graded herd)	County Milk Samplers ..	2,394	23,116	792	34	737	21
School Milks	County Health Inspector	—	—	55	—	50	5
TOTALS					34	787	26

INSPECTION AND SUPERVISION OF FOOD.

The Milk Supply.

Supervision by District Authorities.

The records of the inspections carried out during 1948, which have been furnished by District Medical Officers of Health are as follows :—

District.	No. on Register at end of year.		No. of Inspections.		No. of Defects found.		No. of Defects remedied.	
	Re- tailers.	Pro- ducers.	Re- tailers.	Pro- ducers.	Re- tailers.	Pro- ducers.	Re- tailers.	Pro- ducers.
<i>Boroughs—</i>								
Mansfield ..	†74	22	102	114	6	39	6	39
Worksop ..	30	23	79	79	5	8	5	8
Newark ..	32	6	40	28	—	—	—	—
East Retford	23	22	102	61	2	2	2	1
<i>Urban</i>								
<i>Districts—</i>								
Arnold ..	16	14	54	25	7	2	7	2
Beeston and Stapleford ..	25	18	64	60	3	—	3	—
*Carlton ..	60	8	109		2	2	2	2
Eastwood ..	11	2	17	4	—	1	—	1
Hucknall ..	33	16	42	56	2	7	2	7
Kirkby-in- Ashfield ..	37	40	44	43	9	10	9	8
Mansfield Woodhouse	46	8	49	11	—	—	—	—
Sutton-in- Ashfield ..	95	67	100	160	4	6	4	6
Warsop ..	5	‡21	18	‡61	—	1	—	1
W. Bridgford ..	33	5	71	14	—	—	—	—
<i>Rural</i>								
<i>Districts—</i>								
Basford ..	140	274	112	568	—	146	—	146
*Bingham ..	112	328	62		12		15	
Worksop ..	9	93	14	23	—	5	—	5
*East Retford ..	190	360	603		154		64	
Newark ..	4	103	—	21	—	3	—	3
Southwell ..	10	409	26	646	1	22	1	21

*No separate records kept of inspections made of producers and/or retailers premises.

†Includes 48 shops from which milk in sealed bottles only is sold.

‡Includes Producer—Retailers.

Milk (Special Designations) Regulations, 1936-48.

The Chief Inspector of the County Food and Drugs Department has kindly supplied me with the following information relating to producers of graded milks under the Milk (Special Designations) Regulations, 1936-48.

“ TUBERCULIN TESTED—

The number of producers' licences in operation in the County to which the designation Tuberculin Tested applied on the 1st January, 1948, was seventy-eight. During the year thirty-one new licences were granted and five were revoked, making a total of one hundred and four licenced producers of Tuberculin Tested Milk at the end of the year.

ACCREDITED.—

There were one hundred and eighty-nine licences in operation in the County on the 1st January, 1948, for the production of this grade of milk. Ten new licences were granted during the year and twenty-five revoked. The total number of licensed producers of Accredited Milk on the 31st December, 1948, was therefore one hundred and seventy-four.”

The number of licences issued by the County District Councils in operation at the end of the year were as follows :—

(a)	For the production and sale of Pasteurised Milk	.	21
(b)	For the sale of Pasteurised Milk	.	158
(c)	For the sale of Other Designated Milks	.	160

Check Sampling of School Milk Supplies.

The number of school milk samples taken on school premises during the year by the County Health Inspector, and submitted to biological examination for the presence of tubercle were as follows :—

No. of Samples.	RESULT OF BIOLOGICAL EXAMINATION.				
	Positive.		Negative.		Not Tested.
	No.	Percentage.	No.	Percentage.	
55	—	0.00	50	90.91	5

Check sampling was commenced in June, 1935 and provides for the taking of two samples in each year from each supplier, from that delivered at schools.

A total of 1,228 samples have been taken and submitted to biological examination. Of this number, 1,133 were examined, 1,125 were negative and 8 were positive.

FOOD AND DRUGS ACT, 1938.

The adulteration of food is dealt with by the County Food and Drugs Department and, by the courtesy of the Chief Inspector (Mr. Gregory) a summary of the work carried out during the year is given below.

The summary embraces samples taken under the Food and Drugs Act, 1938, Public Health (Condensed Milk) Regulations, 1923 and 1948, and the Public Health (Preservatives, etc. in Food) Regulations, 1925 to 1948.

	Obtained	Tested by Inspectors	Analysed by Public Analyst	Genuine	Adulter- ated or Sub- standard
Baking Powder ..	9		9	9	
Beverages	13		13	13	
Butter and Margarine ..	15		15	15	
Cereals	5		5	5	
Coffee & Coffee Essences	16		16	16	
Condiments, Pickles & Sauces	105		105	97	8
Cooking Oils and Fats	20		20	18	2
Cordials	6		6	6	
Drugs, various	55		55	55	
Fish Products	38		38	36	2
Flavourings	6		6	6	
Flour & Cake Mixtures	8		8	7	1
Fruit and Vegetables tinned	11		11	11	
Herbs and Stuffing ..	20		20	20	
Ice Cream	7		7	7	
Invalid Foods	8		8	8	
Jams and Preserves ..	11		11	11	
Meat Extracts and Colourings	9		9	9	
Meat Products	32		32	28	4
Milk	814		68	32	36
Milk, Informal	3,986	3,983	3	1	2
Milk, Condensed	10		10	10	
Miscellaneous Foods ..	35		35	33	2
Puddings and Pudding Mixtures	22		22	22	
Soups & Soup Powders	16		16	16	
Sweets	21		21	21	
Table Jellies & Powders	10		10	10	
Vinegar	11		11	11	
Wines and Spirits ..	54	7	47	45	2
Bulk samples of milk taken on appeal to cows			22	19	3
	5,373	3,990	659	597	62

Inspection of Meat and Other Foods.

In accordance with the Livestock (Restriction on Slaughtering) Order, 1940 the slaughtering of animals for human consumption continued during 1948 to be centralised under the control of the Ministry of Food at requisitioned Slaughter Houses at Nottingham, Mansfield, Newark and East Retford so that the only inspection of Slaughter Houses and of carcasses carried out in other Sanitary Districts was in connection with the slaughtering of privately owned pigs. All Sanitary Inspectors employed by the appropriate District Councils assisted, however, in the inspection of carcasses at the Slaughter Houses used by the Ministry of Food and particulars of carcasses inspected and condemned by these Officers as reported by Medical Officers of Health of the County Districts are as follows :—

	Cattle (excluding Cows)	Cows	Calves	Sheep and Lambs	Pigs
Number killed	9,814*		4,760	27,616	6,478
Number Inspected	9,814*		4,775	27,616	6,583
<i>All diseases except Tuberculosis</i>					
Whole carcasses condemned	58*		102	107	19
Carcasses of which some part or organ was condemned	2,559*		26	1,149	386
Percentage of the number in- spected afflicted with disease other than Tuberculosis	26.7%*		2.7%	4.5%	6.2%
<i>Tuberculosis only</i>					
Whole carcasses condemned	213*		24	2	22
Carcasses of which some part or organ was condemned	2,434*		6	—	379
Percentage of the number in- spected afflicted with Tuber- culosis	27.0%*		0.63%	0.01%	6.1%

*Separate figures not available in two County Districts.

Detailed particulars of the work carried out in connection with the inspection of shops, stalls and other premises where meat is retailed or other foods prepared for sale have been furnished by the Medical Officers of Health of the County Districts and indicate that in this direction a considerable amount of supervision was exercised.

Six thousand seven hundred and thirty-three visits were paid to premises where meat was retailed and unsound meat was condemned where necessary. Unsatisfactory conditions were recorded in sixty-four instances and, including cases brought forward from the preceding year, seventy such conditions were remedied during the year.

Visits of inspection to premises where food other than butcher's meat was manufactured, prepared or sold numbered 5,894 and unsatisfactory conditions were recorded in 231 cases, 223 of which were remedied as a result of notices served by the Sanitary Authorities.

Food Poisoning Outbreaks.

Only two such outbreaks were reported in the County during 1948, the details being as follows :—

Total number of outbreaks	Number of cases	Number of deaths	Organisms or other agents responsible and number of outbreaks of each	Foods involved with number of outbreaks of each
2	74	Nil	Salmonella Typhimurium (2)	Potted Meat (2)

INFECTIOUS DISEASES.

The total number of cases of Infectious Diseases, other than Tuberculosis, and the deaths resulting amongst the county civilian population were as follows :—

DISEASE.	CASES NOTIFIED.	DEATHS.
Scarlet Fever	972	—
Diphtheria	14	6
Whooping Cough	2,122	16
Measles	4,748	4
Acute Pneumonia	259	211
Cerebro-Spinal Fever	5	—
Acute Poliomyelitis	24	4
Acute Encephalitis Lethargica	1	*
Ophthalmia Neonatorum	23	—
Puerperal Pyrexia	32	—
Erysipelas	94	*
Malaria	4	*
Dysentery	2	*
Paratyphoid Fever	1	—
TOTAL	8,300	241

* Deaths from these diseases are not shown separately in the return received from the Registrar-General.

Since 5th July, 1948 the fees paid to general practitioners by the County District Councils for infectious diseases notifications have been re-imbursed by the County Council where copies were submitted within twelve hours of receipt by the District Medical Officers Health in accordance with the tenth Schedule of the National Health Service Act.

Particulars of all such cases were at once passed to the appropriate Health Visitors to facilitate preventive action.

VACCINATION AND IMMUNISATION.

Diphtheria Immunisation.

Until 5th July, 1948 immunisation sessions were conducted by the staff of the County District Councils with the co-operation and assistance of the County Council's medical and nursing staffs and County Council school, clinic and centre premises were made freely available for the purpose.

As from 5th July, with the consent and approval of the several District Councils, the County Council have continued to use the services of County District Medical Officers, acting as their agents on agreed terms, in particular for the organisation and conduct of approved sessional arrangements and re-imburse to each District Council the whole of the approved cost involved. Provision is also made for individual immunisations to be carried out by appointment at ordinary child welfare or school clinic sessions where, in particular cases, this arrangement is found to be of special convenience to a parent or where a parent attends and requests immunisation. The County Council's medical and nursing staffs assist in the work and all Child Welfare Centre and School Clinic premises are available and equipped for the purpose.

In addition, all general medical practitioners practising in the County area have been given an opportunity to serve under the new arrangements and at 31st December a total of one hundred and fifty-four had accepted such service.

Measures for the encouragement of immunisation include the issue by Health Visitors of suitable instructional leaflets to parents on the visitation of infants up to five years of age, the instruction of Midwives to enable them to answer parents' enquiries, the co-operation of Head Teachers by advising the parents of any unprotected child of the value of immunisation and of the facilities locally available, the display of suitable notices in Health Departments, Welfare Centres and School Clinics as to the facilities available either at special sessions, normal Centre or Clinic sessions, or through the services of general medical practitioners, lectures to established organisations, " Brains Trust " and Discussion Groups, and by the use of educational materials provided by the Ministry of Health and the Central Council for Health Education.

The following table shows the estimated population of children under five and aged five to fourteen, and the number of children in these two age groups who had completed a full course of immunisation at any time up to 31st December, 1948 in each of the County Districts :—

DIPHTHERIA IMMUNISATION, 1948.

DISTRICT.	ESTIMATED POPULATION.			No. OF CHILDREN IMMUNISED AT ANY TIME UP TO 31/12/48.		
	0-4 yrs.	5-14 yrs.	Total (under 15)	0-4 yrs.	5-14 yrs.	Total (under 15)
Urban Districts.						
Mansfield (Borough)	4,466	6,764	11,230	2,377	6,830	9,207
Worksop (Borough)	*	—	—	*	—	—
Newark (Borough)	1,960	2,973	4,933	1,047	2,677	3,724
East Retford (Borough)	1,373	2,092	3,465	657	2,212	2,869
Arnold ..	1,940	2,787	4,727	1,120	2,887	4,007
Beeston and Stapleford	4,660	6,790	11,450	2,846	5,891	8,737
Carlton	2,982	4,341	7,323	1,754	3,580	5,334
Eastwood	884	1,319	2,203	447	1,015	1,462
Hucknall	2,232	3,349	5,581	1,180	1,600	2,780
Kirkby-in-Ashfield	1,822	2,931	4,753	1,092	2,744	3,836
Mansfield Woodhouse	1,742	2,696	4,438	699	1,754	2,453
Sutton-in-Ashfield	3,567	5,658	9,225	2,492	5,687	8,179
Warsop	1,077	1,617	2,694	601	1,059	1,660
West Bridgford ..	1,676	2,647	4,323	657	1,349	2,006
TOTAL (Urban Districts)	30,381	45,964	76,345	16,969	39,285	56,254
Rural Districts.						
Basford	4,313	6,459	10,772	2,216	5,349	7,565
Bingham	1,448	2,216	3,664	645	1,599	2,244
Worksop	1,559	2,536	4,095	983	2,488	3,471
East Retford	1,671	2,688	4,359	872	2,647	3,519
Newark	874	1,500	2,374	528	1,425	1,953
Southwell	3,345	5,596	8,941	2,013	5,686	7,699
TOTAL (Rural Districts)	13,210	20,995	34,205	7,257	19,194	26,451
GRAND TOTAL	43,591	66,959	110,550	24,226	58,479	82,705

*Complete figures not available.

The figures for the Urban Districts, Rural Districts and the County as a whole expressed as percentages are as follows :—

	PERCENTAGE OF CHILDREN UNDER 15 YEARS IMMUNISED UP TO 31ST DECEMBER, 1948.		
	0-4 years.	5-14 years.	Total (under 15 years).
Urban Districts	55·8	85·4	73·6
Rural Districts	54·9	91·4	77·3
Whole County	55·5	87·3	74·8

Diphtheria—Notifications and Deaths.

Four children under the age of 15 years were notified in the County during 1948 as suffering from Diphtheria and it was found that two of these children had completed a full course of immunisation.

The death of one child under 15 years was attributed to Diphtheria—this child had not completed a full course of immunisation.

Vaccination against Smallpox.

The same methods and procedure as previously outlined under the heading “ Diphtheria Immunisation ” have applied to Smallpox Vaccination since 5th July, 1948 when the work formerly undertaken by the Public Vaccinators under the Vaccination Acts was discontinued.

Particulars of the work carried out in the several County Districts under the new arrangements up to 31st December, 1948 are as set out in the following table :—

VACCINATION AGAINST SMALLPOX—5th JULY - 31st DECEMBER, 1948.

DISTRICT	NUMBER VACCINATED.				TOTAL	NUMBER RE-VACCINATED.				TOTAL
	Under 1 year	1—4 years	5—14 years	15 years and over		Under 1 year	1—4 years	5—14 years	15 years and over	
Urban Districts.										
Mansfield (Borough)	48	5	2	6	61	—	—	1	10	11
Worksop (Borough)	30	2	4	5	41	5	—	—	1	6
Newark (Borough)	35	3	—	1	39	—	—	—	—	—
East Retford (Borough)	25	1	1	—	27	—	1	—	2	4
Arnold	67	—	1	4	72	—	—	—	1	1
Beeston and Stapleford	128	13	7	16	164	3	3	—	7	13
Carlton	109	3	1	3	116	19	—	—	1	20
Eastwood	11	1	—	—	12	—	—	—	1	1
Hucknall	55	7	2	8	72	—	—	—	—	—
Kirkby-in-Ashfield	23	11	2	6	42	—	—	—	—	—
Mansfield Woodhouse	56	1	11	3	71	—	—	—	—	—
Sutton-in-Ashfield	59	2	5	7	73	—	—	—	9	9
Warsop	17	2	8	—	27	—	—	—	—	—
West Bridgford	59	7	—	4	70	2	—	—	4	6
TOTAL (Urban Districts)										
	722	58	45	63	887	29	4	2	36	71
Rural Districts.										
Basford	49	10	—	2	61	—	—	—	5	5
Bingham	24	6	2	—	32	—	—	—	2	2
Worksop	6	2	—	—	8	1	—	—	—	1
East Retford	20	3	4	4	31	—	—	—	7	7
Newark	26	3	1	1	31	—	—	—	—	—
Southwell	88	12	2	5	107	—	—	—	—	—
TOTAL (Rural Districts)										
	213	36	9	12	270	1	—	—	14	15
Whole County—										
GRAND TOTAL	935	94	53	75	1,157	30	4	2	50	86

Preparations were also made for issuing advice and information and for securing any necessary vaccination or re-vaccination of those involved or likely to be involved in the event of an outbreak of Smallpox.

Whooping Cough Inoculation.

The Council's Proposals under Section 26 of the National Health Service Act as amended and accepted by the Minister provide for arrangements to be made for Whooping Cough Inoculation, including the continuance (subject to any modifications considered necessary) of any existing arrangements in the County, as may in due course be recommended by the Medical Officer of Health who will be responsible for deciding the antigen or antigens to be used and for maintaining such records as will enable the results of this type of inoculation to be assessed.

Although in pursuance of this it has not yet been considered advisable to introduce Whooping Cough Inoculation as a routine in the County, the procedure has been continued in three Districts, namely Mansfield, Sutton-in-Ashfield and Kirkby-in-Ashfield, where it was carried out prior to 5th July and an assessment is to be made of the value of the inoculations. In this connection, the Medical Officer of Health at Mansfield has submitted an excellent and detailed report of an investigation conducted by his Assistant, Dr. Elwood.

The report summarises information available in respect of 785 cases inoculated in the Borough of Mansfield between December, 1946 and June, 1948.

Up to April, 1948 a simple Whooping Cough vaccine was used but after that date a combined Diphtheria and Whooping Cough prophylactic was used and there is a suggestion, not yet confirmed, that the latter is giving rise to rather more local reaction than the former preparation.

It is interesting to note that of the 146 notifications of Whooping Cough between January, 1948 and September, 1948 in the Borough of Mansfield sixteen of the cases (11%) had previously been inoculated at the Clinic against Whooping Cough between one and fifteen months prior to their contracting the disease. This 11% is probably lower than the actual figure due to the fact that inoculations carried out privately are not included and there is no guarantee that the notifications are as accurate as might be desired.

Of all the children who completed a course of injections between December, 1946 and June, 1948, fifty are already known to have contracted Whooping Cough (6.7%).

The report proceeded to analyse the case histories of 193 children who were inoculated prior to the end of June, 1947 and had been investigated systematically by visits and circular letter. Of these it was

found that thirty-two had developed Whooping Cough (16.6%) and, since the investigation showed that of the 193 children inoculated seventy-one were definitely known to have been exposed to infection, the figure of thirty-two developing the disease gives a figure of 45% of inoculated children developing infection subsequent to known exposure. This latter figure is probably high since many more than those *known* to have been exposed to infection will, in fact, have been so exposed yet have not developed the disease.

Dr. Elwood endeavours to assess the time interval between inoculation and development of Whooping Cough and it is observed from his report that about half the cases of Whooping Cough in inoculated children developed the disease within twelve months of the inoculation which suggests a very short period of protection, if any.

An investigation designed to discover the severity of an attack of Whooping Cough in inoculated children led to no definite conclusion although suggestive of the fact that the average attack tended to be mild though prolonged

There was apparently no significance in the effectiveness of different batches of the antigen used.

Attempts were also made to show if there was any difference between inoculated and uninoculated children with regard to the severity of the attack, and also with regard to the number developing Whooping Cough amongst those who had been exposed to infection. Although the evidence given is far from conclusive it would suggest that there was very little difference between the two groups.

This small investigation at Mansfield which is to continue on specified lines would seem to suggest that the procedure is not as effective as one would wish and does not appear to have anything like the same high degree of certainty as Diphtheria Immunisation.

Particulars of the work carried out in the three Districts previously referred to up to 31st December, 1948 are as follows :—

DISTRICT	No. of children inoculated against Whooping Cough between 5th July and 31st December, 1948.
Mansfield (Borough)	182
Kirkby-in-Ashfield (Urban District)	255
Sutton-in-Ashfield (Urban District)	36

TREATMENT OF TUBERCULOSIS.

During 1948, the number of deaths attributable to Tuberculosis was 202; 164 from Pulmonary Tuberculosis and thirty-eight from other forms.

The Pulmonary death rate per thousand of the population was 0.32 for the County compared with 0.44 for England and Wales, whilst the rate for all forms was 0.39 for the County and 0.51 for England and Wales.

Dispensary Organisation.

The Tuberculosis Dispensaries maintained by the County Council and the days and times of sessions in operation as at the 4th July, 1948, were as follows :—

MANSFIELD (DR. N. W. ROBERTS).

Address : Hermitage Avenue, Sutton Road, Mansfield.

Telephone : Mansfield 950.

Monday	..	10-0 a.m. to 12-30 p.m.	} Females and Children
Monday	..	2-0 p.m. to 4-30 p.m.	
Thursday	..	10-0 a.m. to 12-30 p.m.	—Adult Males only.
*Thursday	..	6-30 p.m. to 8-30 p.m.	—Males and Females.

*Only adults *in employment* are seen at this session.

NEWARK (DR. L. W. HEARN).

Address : 11 Carter Gate, Newark.

Telephone : Newark 368.

Tuesday	..	10-0 a.m. to 12-0 noon	—Males, Females and Children.
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NOTTINGHAM (DR. L. W. HEARN).

Address : Ellesmere House, 17 Clarendon Street, Nottingham.

Telephone : Nottingham 41122.

Wednesday	..	9-30 a.m. to 12-0 noon	—Females and Children.
Wednesday	..	2-0 p.m. to 4-0 p.m.	—Females and Children.
Thursday	..	9-30 a.m. to 12-0 noon	—Adult Males only.
*Thursday	..	6-0 p.m. to 7-30 p.m.	—Males and Females.

*Only adults *in employment* are seen at this session.

RETFORD (DR. N. W. ROBERTS).

Address : Retford and District Hospital, Retford.

Telephone : Retford 154.

Tuesday	..	2-0 p.m. to 4-0 p.m.	—Males, Females and Children.
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WORKSOP (DR. N. W. ROBERTS).

Address : Watson Road, Worksop.

Telephone : Worksop 2415.

Friday	..	10-0 a.m. to 12-30 p.m.	—Adult Males only.
Friday	..	2-0 p.m. to 4-30 p.m.	—Females and Children.

Attendances, New Cases and "Contacts."

The following table shows the number of new cases, including "Contacts," examined at the five Dispensaries during the year and the preceding year, together with the total attendances made by all patients :—

YEAR	TOTAL Attendances (All Cases)	PERSONS EXAMINED FOR FIRST TIME			No. of Contacts examined
		Total	No. found definitely Tuberculous	Percentage	
1947	5,461	1,654	409	24.8	364
1948	5,497	1,451	441	30.4	394

The percentage distribution of the cases found to be definitely tuberculous as indicated above was as follows :—

		MALES.	FEMALES.
Pulmonary Tuberculosis—Adults	..	45.2	37.1
Children	..	6.3	3.8
Non-Pulmonary Tuberculosis—Adults	..	2.4	1.5
Children	..	2.2	1.5

Laboratory Work.

The total number of specimens examined in connection with the Dispensaries was 964 in 1948 compared with 937 in 1947. One hundred and seventy-five examinations were also made between 1st January and 5th July for the purposes of the Public Health (Tuberculosis) Regulations, 1930.

Ministry of Health Memorandum 266/T.

Financial assistance to patients undergoing treatment for Pulmonary Tuberculosis continued to be made under the provisions of Ministry of Health Memo. 266/T.

The number of cases in which allowances were being paid on the 1st January, 1948, the number of applications dealt with during the period 1st January, 1948 to 4th July, 1948, and the number of cases in receipt of allowances on the 4th July, 1948, are shown in the following tabular statement :—

Type of Allowance	No. receiving payment on 1.1.48	No. of applications dealt with during the year		No. receiving payment on 4.7.48
		Approved	Rejected	
Maintenance Allowance	96	39	7	111
Discretionary Allowance	21	12	1	33
Special Payment for :—				
(a) Domestic Help	2	—	—	2
(b) Pocket Money	4	2	—	6
	123	53	8	152

Fourteen applications for Maintenance Allowances ; five for Discretionary Allowances, and one for Pocket Money were pending on 4th July, 1948.

Under the National Assistance Act, 1948, payment of Allowances ceased to be the responsibility of Local Authorities and as from the 5th July, 1948, the Local Assistance Boards were responsible for all future payments.

The reasons for rejection or non-payment of allowances were as follows :—

Maintenance Allowances.

In receipt of disability pension, etc.	.	.	.	2
Dependent member of family	.	.	.	1
In chronic category	.	.	.	2
Application withdrawn	.	.	.	1

Discretionary Allowances.

Income considered adequate to meet expense	.	.	2
--------------------------------------------	---	---	---

X-Ray Examinations.

The X-Ray examinations made in connection with the Dispensaries during the year 1948 were as follows :—

Chest Photographs	.	.	.	608
Bones and Joints Photographs	.	.	.	2
Screenings	.	.	.	880

Extra Nourishment.

Cod-liver oil and allowances of extra milk are distributed on the recommendation of the Tuberculosis Officers as strictly as possible from a treatment standpoint and not as a measure of relief.

Eight patients were granted extra nourishment in this way during 1948 at an approximate cost of £36 0s. 0d.

New Cases and Mortality.

The number of new cases recorded in the Registers of the Medical Officers of Health of the County Districts and the number of deaths due to Tuberculosis according to the Registrar-General's statistics during the year are given in the following table :—

Tuberculosis.

NEW CASES AND MORTALITY DURING 1948.

AGE PERIODS	NEW CASES*				DEATHS			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
0—1 ..	3	1	2	—	—	—	3	—
1—5 ..	10	9	8	7	2	1	5	11
5—15 ..	12	18	11	10	—	1	4	3
15—45 ..	173	171	17	8	46	63	6	3
45—65 ..	49	16	1	4	26	10	2	—
65 and over ..	17	3	—	1	12	3	1	—
TOTALS ..	264	218	39	30	86	78	21	17

*Recorded in the Registers of Medical Officers of Health of County Districts.

The following table shows the incidence of Pulmonary Tuberculosis over the past eight years :—

Pulmonary Tuberculosis.

NEW CASES.

YEAR	No. of New Cases Included in Annual Return to Ministry of Health.			Rate per 1,000 of population
	Formal notification	Notified other than by formal notification	Total	
1941	437	61	498	1.01
1942	393	26	419	0.87
1943	369	35	404	0.85
1944	388	21	409	0.86
1945	332	23	355	0.75
1946	422	34	456	0.92
1947	431	59	490	0.97
1948	425	57	482	0.93

Institutional Care.

THE RANSOM SANATORIUM.

The following is a report on the work of the Ransom Sanatorium during the period 1st January to 5th July, 1948 received from the Medical Superintendent, Dr. E. Firth :—

“ This report is a ‘ farewell ’ and covers only the time from January 1st, 1948 to the Appointed Day, July 5th ; from the statistics given it will be clear that the volume of work increased yet again, in spite of continued staff difficulties. One wearies of continually introducing the topic of staff, but it is a constant source of worry and anxiety and the solution is nowhere in sight.

Because a part-time service, both Nursing and Domestic, has been in operation since 1947 I can again report that no beds have been closed but at times the service we have been able to provide has fallen far short of the standard we consider necessary. The waiting lists are still very large and show no signs of becoming smaller and unless a patient is classed as a ‘ priority case ’ the period required to obtain a bed might be as long as 10 or 12 months—this tragic position cannot be altered by the advent of the new Health Act unless rapid building operations occur and there are no signs that such expansion will take place.

July 5th marks a great change in the lives of Hospital staffs, particularly the Senior Officers, and in this, my last report as a County Council Officer I wish to place on record my appreciation of the constant help and encouragement we have received from the County Medical Officer, Dr. A. C. Tibbits, his staff and the Committees of the Council concerned with the affairs of the Sanatorium. They hand on to the new owners a fine institution with good buildings and first-class equipment.

My Medical and Nursing colleagues have again by their hard work and constancy lightened our task and they deserve much credit.

Thoracic Surgery.

The Unit has been very busy and during these first six months more operations were performed than in the whole of 1947, and the total of 167 operations included 35 Thoracoplasty stages. The design of the Clinical Block was proved to be sound, but if the work is to expand then more bed accommodation will have to be provided.

The operative work was again carried out by Mr. G. A. Mason and Mr. W. Buckley, whilst Dr. Joan Millar was our Anaesthetist.

The following table shows the operations carried out from January 1st to July 4th inclusive.

Operations carried out at the Sanatorium.

OPERATION	Nottm. C.C. Cases	Nottm. City Cases	TOTAL
Thoracoplasty .	12 (cases) 22 (operations)	8 (cases) 13 (operations)	20 (cases) 35 (operations)
Thoracoscopy and Adhesion Section	27	26	53
Thoracoscopy .	2	4	6
Phrenic Crush .	21	30	51
Thoracolysis .	2	—	2
Bronchoscopy .	7	2	9
Monaldi Drainage .	1	—	1
Radical Wound Toilet	1	—	1
Biopsy .	1	—	1
Korrekturplasty .	2	—	2
Extrapleural A.P.T. .	—	2	2
Phrenicectomy .	1	2	3
Phrenic Evulsion .	1	—	1

Operations carried out at County General Hospital, Worksop.

OPERATION.	Nottm. C.C. Cases	Lincoln City Cases
Thoracoplasty	1 (operation)	1 (operation)

Artificial Pneumothorax treatment still provides our main method of collapse therapy but more experience of Pneumoperitoneum has proved its value in Acute cases unfit for Artificial Pneumothorax and in basal cavities, but it must be combined with a Phrenic nerve crush if the best results are to be obtained.

A large out-patient refill clinic for both men and women continued to be a feature of our collapse therapy programme.

	<i>January 1st— July 4th</i>	<i>1947 (Whole)</i>
<i>Artificial Pneumothorax.</i>		
Inductions attempted .	36	64
„ unsuccessful .	6	8
Refills (including out-patients)	2,168	4,011
<i>Pneumoperitoneum</i>		
Inductions attempted .	10	10
„ unsuccessful .	Nil	Nil
Refills (including out-patients)	424	259
<i>Aspirations</i>	65	151

Statistics.

During the period 1st January to 4th July, 1948, 338 patients have received treatment and of these 161 were in residence on 31st December, 1947, and their treatment extended into 1948.

There have been 173 new cases admitted and two re-admitted from County General Hospital, Worksop, and two from County Institution, Mansfield. Of this grand total of 177 cases, 81 were men, 83 women, 11 pulmonary children and two non-pulmonary children.

There were 156 discharges and two transfers to Mansfield County Institution. Of this grand total of 158, 72 were men, 76 women, seven pulmonary children and three non-pulmonary children. Deaths numbered 10—4 men and 6 women.

The number of patients in residence on July 4th 1948, was 170.

X-Ray Department.

			<i>January 1st— July 4th</i>	1947 (Whole)
<i>In-patients</i>	.	Chest Photographs	1,015	1,195
		Bones and Joints	56	78
		Screenings	407	845
<i>Out-patients</i>	.	Chest Photographs	326	733
		Bones and Joints	1	6
		Screenings	880	968
<i>Staff</i>	.	Chest Photographs	100	129
		Bones and Joints	2	8
		Screenings	1	—
<i>Sherwood Industries</i>	Chest	.	37	48 "

PREVENTION OF ILLNESS, CARE AND AFTER-CARE.

TUBERCULOSIS.

(a) Sherwood Village Settlement.

The Council continue to maintain the Sherwood Village Settlement and the associated Sherwood Industries for the rehabilitation of tuberculous persons. It is considered, however, that under the provisions of the National Health Service Act the best way of securing that future development may be for the benefit of the Region will be through a Joint Board set up under Section 19 (2) of the Act, representative of all Local Health Authorities in the Region desirous of making such provision. With the approval of the Ministry of Health, therefore, enquiries were made towards the end of the year to ascertain the views of all concerned.

The following is a report by the Medical Superintendent, Dr. E. Firth, on the work carried out during the year :—

“ As in past years our main energies have been concentrated in the Woodwork Department where non-utility cots continued to be produced until the late summer when owing to changes in the Utility Furniture regulations, Utility cots were available in large numbers and our previous market vanished.

Once more reorganisation was necessary and this time it was decided further to develop our original production, Sectional Buildings, and also continue a small scale manufacture of Utility cots, although it was soon evident that we could not compete with the specially equipped furniture manufacturers in their production.

The health of the settlers has been slightly better than last year, only three men breaking down seriously enough to require admission to Ransom Sanatorium and I am happy to report that during 1948 there were no deaths among the settlers. Because of the active chronic cases admitted to the Settlement—and we believe that Settlements are primarily for this group—there are bound to be relapses and the fact that so few occur is an indication of the success of the scheme.

The Painting Department remains small and confines its work to the Settlement and Sanatorium ; it is hoped the Regional Board will find it possible to continue to employ the Settlers when painting work is required in the Ransom Sanatorium.

The houses are fully occupied but the numbers are very inadequate for our needs ; the building of new houses is still the objective of the Management Committee but many difficulties exist and at the end of the year the houses seemed as far away as ever.

The children in the houses continue to be healthy but one of the wives developed a small lung lesion, but of such low activity that Sanatorium treatment was unnecessary.

The Hostel had a good year and provides very comfortable accommodation for its residents.

Statistics.

DEPARTMENT.	NUMBER.
Woodwork	21
Painting	5
Sanatorium Porters	2

These figures show an increase of 2 as compared to 1947."

(b) Other Arrangements.

Up to 5th July after-care work was carried out on behalf of the County Council by the Nottingham and Notts. Association for the Prevention of Consumption on the lines fully described in previous Annual Reports and for this service the Association were paid a grant at the rate of £200 per annum. After the "appointed day" the Council continued to utilise this Voluntary Organisation for the extended service and paid grant for the period to 31st December at the increased rate of £950 per annum. To provide a more accessible service linked with existing Dispensary areas four After-care Committees have now been set up by the Association serving four defined areas of the County—North Nottinghamshire, the Mansfield area, the Newark and Southwell area, and South Nottinghamshire—as opposed to the two Committees formerly operating in connection with such work. The necessary trained staff are provided for the extended organisation by the allocation of part of the time of the County Almoner staff, the Council have direct representation on each of the four After-care Committees and, by agreement, the Association undertake any or all of the following preventive or care functions, acting on the advice of the Medical Specialists responsible for the treatment of tuberculosis and in close association with the Dispensary staff and with the Council's social workers :—

1. The solving of the special problems of the tuberculous household and the facilitation of treatment by the alleviation of domestic problems.
2. Action to safeguard the restored patient against relapse and the family against the special risk of infection.
3. The supply, or loan, of beds and bedding, nursing requisites, sputum flasks or other necessary appliances.
4. Assistance in the finding of better housing.
5. The boarding out of children from infective households.

6. Provision of extra nourishment, milk, eggs, etc.
7. Provision of clothing, especially in preparation for Sanatorium admission.
8. The proffering of help and advice to patient and dependants as to the means available to obtain financial support either through official Services or Voluntary Organisations.
9. Action with a view to trying to assist the patient to secure suitable employment under satisfactory conditions and, if necessary, training for appropriate employment in collaboration, under the Disabled Persons (Employment) Act, with the Ministry of Labour and National Service.
10. The establishment of close liaison with local Industrialists, Trade Union Officials and Voluntary Organisations in the matter of re-employment of tuberculous persons.
11. Such other functions of a like nature as the Local Health Authority may assign to them.

The number of cases who applied or were referred to the Association during the year 1948 was 107.

Co-operation with Regional Hospital Board.

By arrangement with the Regional Hospital Board, Medical Specialists are now jointly appointed to deal with diagnostic and curative work under the Board (75%) and in preventive and care work for the Council (25%) and arrangements have also been made as to the attendance at the Dispensaries of the Council's Tuberculosis Visitors and Almoners.

Housing and Environmental.

County District Councils have been invited to co-operate with the County Council in their new arrangements by considering the special housing needs of the tuberculous persons in their community and District Medical Officers of Health, having a special function of prevention in relation to housing and environmental conditions, are systematically provided with brief clinical particulars of each diagnosed case of tuberculosis in their area, together with a summary of the environmental report and an indication of any preventive action which is being taken or might helpfully be considered by them. They are also informed of admissions to and discharges from Hospital or Sanatoria.

Shelters.

The number of shelters owned by the County Council is twelve of which eleven were in use during the year.

Home Visiting by the Tuberculosis Officers.

The number of domiciliary visits paid by the Tuberculosis Officers during the year totalled 1,010, as follows :—

Domiciliary Visits	938
Visits for purposes of consultation	72

Home Visiting by Health Visitors.

Four thousand, eight hundred and eighty-four domiciliary visits were paid by members of the nursing staff during the year as compared with 3,729 during 1947.

VENEREAL DISEASES.

Until 5th July when the service was transferred to the Regional Hospital Board the County Council provided treatment by means of three Centres, one each at Mansfield, Worksop and Nottingham, the first two being maintained and administered by the County Council. County patients were treated at the latter Centre by arrangement, payment being made by the County Council on a *pro-rata* basis according to the attendances made.

Treatment of County Cases at all Centres.

The number of cases resident in the County who were dealt with for the first time during each of the years 1939-1948, together with the attendances made by all County cases at approved Treatment Centres according to the returns received from the Mansfield, Nottingham and Worksop and out-County Centres, were as follows :—

Year	NO. OF CASES DEALT WITH FOR THE FIRST TIME.						Total Attendances (All Cases)
	Syphilis	Soft Chancre	Gonorrhoea	Total Venereal Infections	Non- Venereal and Undiagnosed Conditions	Grand Total	
1939	105	14	253	372	166	538	27,273
1940	60	3	218	281	159	440	20,343
1941	59	2	237	298	209	507	20,616
1942	70	2	226	298	233	531	19,709
1943	116	7	296	419	526	945	23,800
1944	121	6	300	427	665	1,092	23,925
1945	159	6	349	505	722	1,227	24,433
1946	227	7	445	679	856	1,535	24,791
1947	148	12	237	397	677	1,074	17,449
1948	162	10	243	415	844	1,259	17,194

The numbers of these cases which were dealt with at the Nottingham and Mansfield Treatment Centres, respectively, and at the Worksop Treatment Centre since it was opened on 8th December, 1943 were as follows :—

Year	No. of Cases Dealt With for the First Time.						Total Attendances (All Cases)
	Syphilis	Soft Chancre	Gonor- rhoea	Total Venereal Infections	Non- Venereal and Undiagnosed Conditions	GRAND TOTAL	
Mansfield Treatment Centre.							
1939	53	11	144	208	67	275	16,557
1940	32	3	106	141	77	218	11,739
1941	20	1	113	134	86	220	12,131
1942	30	2	119	151	95	246	11,692
1943	36	2	133	171	176	347	12,785
1944	43	6	126	175	161	336	11,207
1945	65	4	141	210	153	363	12,275
1946	66	3	123	192	143	335	10,059
1947	49	—	51	100	192	292	5,439
1948	51	—	79	130	232	362	5,272
Nottingham Treatment Centre.							
1939	48	3	101	152	98	250	10,353
1940	26	—	104	130	79	209	8,196
1941	34	1	112	147	117	264	7,867
1942	36	—	98	134	131	265	7,463
1943	60	1	143	204	302	506	10,055
1944	54	—	145	199	414	613	10,654
1945	63	2	155	220	488	708	9,598
1946	142	4	277	423	668	1,091	12,651
1947	78	12	165	255	426	681	10,318
1948	91	10	136	237	547	784	9,971
Worksop Treatment Centre.							
1943	—	—	—	—	2	2	6
(from 8th December)							
1944	9	—	9	18	39	57	628
1945	11	—	23	34	18	52	1,082
1946	9	—	35	44	33	77	1,485
1947	15	—	13	28	48	76	1,127
1948	11	—	12	23	47	70	1,315

In-patient Treatment.

Until 5th July the cost of maintenance of patients suffering from active infectious venereal disease admitted to the Mansfield County Institution and the County General Hospital, Worksop on the recommendation of the Specialist Medical Officer devolved on the Public Health and Housing Committee, such treatment being provided free of cost to the patient.

Particulars of the number of patients who received treatment under these arrangements are given below :—

Institution or Hospital.	No. of patients in on 1-1-48.		No. admitted during the period.		No. discharged during the period.		No. remaining under treatment on 5-7-48.	
	M.	F.	M.	F.	M.	F.	M.	F.
Mansfield County Institution	—	—	1	—	1	—	—	—
County General Hospital	—	—	—	1	—	1	—	—

In-patient treatment was also provided for County residents in Institutions not belonging to the County Council during this period, as follows :—

Institution or Hospital.	No. of patients in on 1-1-48.		No. admitted during the period.		No. discharged during the period.		No. remaining under treatment on 5-7-48.	
	M.	F.	M.	F.	M.	F.	M.	F.
City Hospital, Nottingham	—	—	1	6	1	4	—	2

Source and Contact Tracing.

In consequence of Ministry of Health Circular 5/48 the follow-up work formerly undertaken under Regulation 33b, which expired on 31st December, 1947, was continued by the County Almoner staff throughout the year in close collaboration with the Specialist Medical Officers at the Treatment Centres, the work continuing after 5th July by arrangement with the Regional Hospital Board.

In January, 1948, the vacancy on the staff of Almoners which had remained unfilled throughout the previous year was filled by the appointment of Miss Cutts, but there was a further change in the Almoner staff later in the year Miss Poole, the Senior County Almoner, leaving the County Service in September to be replaced by Miss Fraser in October, 1948.

Two hundred and nineteen visits were paid in connection with the follow-up of defaulters during the year and the following table gives particulars of the work undertaken in respect of cases referred to the Almoners for the first time during 1948 :—

	No. referred for the first time during the year	Number of visits paid	Number persuaded to attend	Number untraced	Number failed to attend
Contacts ..	9	29	5	1	3
Defaulters ..	43	43	38	2	3*

*Including one in a Mental Hospital.

OTHER TYPES OF ILLNESS.

Arrangements have been made in collaboration with the Regional Hospital Board for the care and after-care of persons on discharge from Hospital or Convalescent Home whereby such cases are followed up by the Health Visiting or Almoner service to ascertain their need and to take appropriate action.

The co-operation of General Medical Practitioners in relation to the prevention, care and after-care functions of the County Council has also been sought through the Local Executive Council.

Provision is also made under Section 28 of the National Health Service Act for the loan of nursing equipment and appliances to patients being nursed at home. In the case of smaller and more frequently needed items referred to in List A below, these are held at the homes of District Nurses and Midwives and are loaned to patients as and when required free of charge. The larger items referred to in List B below are issued on loan through the Public Health Department on the recommendation of a medical practitioner subject to an undertaking by the applicant to meet the cost of loss or damage other than that due to fair wear and tear and to the payment of a standard loan charge which is based on the cost of the article to the County Council as indicated. No charge is made, however, for the loan of any article to a tuberculous person and remission of the standard charge can be granted in any case where the applicant states that he or she cannot pay and where the applicant's total weekly income (no items disregarded) does not exceed certain prescribed limits.

List A—

Air rings	Mackintosh sheets
Bedpans	Steam kettles
Bed cradles	Sputum mugs
Douche cans	Urinals—
Feeding cups	and any other such smaller items as may be
Inhalers	found necessary for immediate use.

*List B—**Standard Loan Charges.*

Air/Water beds	If cost of article—	
Bed blocks		
Bed rests	(a) Up to £10 . . .	5/- only.
Bed tables	(b) Between £10 and £30	5/- per quarter.
Commodes		
Crutches	(c) More than £30 . . .	10/- „
Sandbags		
Spinal carriages		
Wheel chairs—		
and such other		
larger items as		
may be found		
useful.		

Initial supplies for loan under this scheme were purchased at a total cost of £600 and during the period 5th July to 31st December, 1948, eight cases were assisted through the Public Health Department, the items loaned being as follows :—

5 Wheel chairs
1 Commode

1 pair Crutches
2 Bed rests

BLIND PERSONS ACTS.

Until 5th July, 1948 the County Council continued the arrangements whereby certain duties under the Blind Persons Acts, 1920 and 1938, were administered through the Royal Midland Institution for the Blind.

Registration.

No. on register at 1st January	606
No. added to the register during the period	51
No. of deaths	22
No. who left the County	11
No. on register at 5th July	624

Relief of the Necessitous Blind and Dependants.

The extent to which relief was afforded to blind persons and their dependents during the period was as follows :—

No. of blind persons in receipt of relief at 1st January	355
No. receiving relief in respect of dependants	91
No. of blind persons in receipt of relief at 5th July	365
No. receiving relief in respect of dependants	104
Total expenditure on assistance for blind persons and dependants	£7,713 18s. 8d.

The policy whereby all blind persons in receipt of monetary assistance from the County Council were considered to be necessitous and as such were placed on the panels of the respective District Medical Officers for free domiciliary medical treatment was continued and extended to cover Home Workers pending the operation of the National Insurance Act, 1946. A capitation fee of 14/2 per annum was paid to the District Medical Officers for this service.

Home Workers and Workshop Employees.

Throughout the period the number of Home Workers whose earnings were augmented by the County Council was twenty-five and the number of Workshop Employees was ten.

The minimum wage rate for blind workshop employees was increased from 2/- to 2/2 per hour with effect from 1st April, 1948, and in order to secure and maintain an adequate standard effort amongst workshop employees the following departmental flat rate minimum earning capacity qualifications were adopted as from 1st July and arrangements made for the circumstances of any worker whose standard failed to maintain the appropriate rate to be reported :—

<i>Department.</i>	<i>Minimum Weekly Earning Capacity.</i>		
	£	s.	d.
Basket	1	10	0
Mat	1	10	0
Brush	1	2	6
Knitting		17	6

The Authority's Regulations relating to the retirement of Workshop Employees and Home Workers at the age of 65 years or, for women, on marriage, were also amended to enable individual cases either desirous of continuing in employment beyond this age or after marriage to be considered on their merits.

Home Teachers.

Of an establishment of four there were three Home Teachers employed throughout the period, efforts to fill the vacancy created by the resignation in 1946 of the other Home Teacher remaining unsuccessful. Visitation of the blind in the district concerned was, however, continued by the Supervising Home Teacher.

Lessons were given in reading from Braille and Moon Types, handicraft, hand-knitting and pastime occupations.

Pay Centres for the distribution of financial assistance to the necessitous blind continued to operate at Beeston, Carlton, East Kirkby, Hucknall, Mansfield, Newark, Sutton-in-Ashfield and at the Royal Midland Institution for the Blind. Payment of assistance to the necessitous blind was made at these centres at fortnightly intervals by the Home Teachers, payments to blind persons unable to attend being made by registered post.

Social Centres established in the more populous parts of the County for the entertainment of blind persons were usually well attended.

Prevention of Blindness.

Particulars of the work undertaken under Section 176 of the Public Health Act, 1936, until 5th July, 1948 are as follows :—

No of cases examined by Ophthalmic Surgeons	.	19
---------------------------------------------	---	----

Awaiting Treatment.

No. of cases awaiting treatment at 1st January	.	6	
Do. recommended treatment during the period		14	
		—	20
Do. commenced treatment during the period		12	
Do. refusing treatment, deaths, etc., during the period	.	3	
		—	15
Do. awaiting treatment at 5th July, 1948	.	5	
		—	

Undergoing Treatment.

No. of cases undergoing treatment at 1st January	.	31
Do. commenced treatment during the period		12
		—
Do. still under treatment at 5th July, 1948	.	43

Out-patient Treatment.

NOTTINGHAM AND MIDLAND EYE INFIRMARY.

No. of cases attending for Out-patient treatment during period	24
No. of attendances made	68

MANSFIELD AND DISTRICT GENERAL HOSPITAL.

No. of cases attending for Out-patient treatment during the period	9
No. of attendances made	35

HEALTH EDUCATION.

During the year under review the Health Education Service has developed steadily. Its development has been based upon the principles laid down as the result of previous experience. There has been the same insistence upon the patient, unobtrusive teaching of organised groups of the County population. It has been borne in mind that the main objective of Health Education is to create an attitude of mind rather than merely to give "information," and it is considered that this end is best achieved by the application of sound teaching methods. The good teacher can and, of course, does achieve this much by persuading the listener to think, consider and discuss. Even so, the present fashion of forming discussion groups can be quite futile, since few of the generally educated public may reach unaided the conclusions only achieved by the possession of specialised knowledge. Quiet teaching by the sincere educator can effectively cope with a wide range of intelligence in the smaller audience, for the questions that follow, be they in public or in private, may well, properly answered, be of great value to teacher and taught.

The term Health Education (or Education for Health) implies the inclusion of some aspects of Preventive Medicine, since it is not possible to separate the study of health and the physiological norm from pathology. So much Health Education appears to include only the preventive aspect. Care has been taken during the year to avoid this pitfall, as will be seen from Table 10. Below, subject groups of talks are estimated in approximate percentages of the total of 219 Talks.

Health Education	.	.	.	.	.	7 per cent.
Growth in Child and Adolescent	.	.	.	.	.	11 „
Mental Health	.	.	.	.	.	7 „
Sex Education	.	.	.	.	.	18 „
General Health	.	.	.	.	.	36 „
Prevention of Disease and Disease Vectors	.	.	.	.	.	9 „
General Interest Topics	.	.	.	.	.	5 „
Health Services Publicity	.	.	.	.	.	7 „
						<hr/>
						100 „
						<hr/>

It is thus observable that 9 per cent. of all talks was concerned mainly with the Pathological, 11 per cent. with the Physiological, 7 per cent. with the Psychological, 18 per cent. with the Sexological aspects, and 5 per cent. with General Interest Topics, 7 per cent. with Publicity, in addition to 36 per cent. of talks in General Health which will include all the above elements. It is not, of course, possible to divide the subject matter of the work so mathematically, but a general impression is that a majority of the talks is directed towards Positive Health, nebulous though the term appears.

An interesting activity has been the co-operation between my Assistant Health Education Officer, Mr. Marrow, and the School Meals Service. During the last quarter of the year he has visited, accompanied by School Meals Service Staff, twenty-two kitchens and canteens in the County as part of a campaign against Food and Drink Infection. There has been no lavish expenditure on exhibitions in this campaign. Once again it is a matter of patient teaching. Mr. Marrow has discussed with kitchen staffs their problems in Food Cleanliness and the avoidance of infection. Throughout all this work there has been an absence of compulsion and prohibition. The educator has made friends with the staff concerned and they are happy to have his advice and to watch with real interest "washing-up" experiments with differing types of detergents and matters of similar practical value in the prevention of infection. It is hoped to extend this work and produce continuous training at sink and stove for those upon whom rests great responsibility in the healthy feeding of many thousands of children.

The Tables appended show some analysis of the year's work.

TABLE 1.

Meetings.

Total No. of Meetings	.	.	.	.	.	.	242
Do. Talks	.	.	.	.	.	.	219
Do. Film Shows	.	.	.	.	.	.	23
Do. Times Films used to illustrate Talks	.	.	.	.	.	.	34

TABLE 2.

Audience.

AUDIENCE				PERSONS	ATTENDANCES
Women	.	.	.	3,927	5,875
Men	.	.	.	841	1,332
		TOTAL	.	4,768	7,207
Girls	.	.	.	128	260
Boys	.	.	.	504	3,014
		TOTAL	.	632	3,274
Females	.	.	.	4,055	6,135
Males	.	.	.	1,345	4,346
		TOTAL	.	5,400	10,481

TABLE 3.

Distribution of Meetings.

AREA	NO. OF MEETINGS	PERSONS ADDRESSED	ATTEND- ANCES
<i>Boroughs—</i>			
Mansfield . . .	3	139	139
Newark . . .	1	7	7
East Retford . . .	6	57	279
Worksop . . .	9	143	220
<i>Urban Districts—</i>			
Arnold . . .	4	133	133
Beeston and Stapleford . . .	31	459	1,259
Carlton . . .	6	48	120
Eastwood . . .	7	174	207
Hucknall . . .	22	229	788
Kirkby-in-Ashfield . . .	5	139	155
Mansfield Woodhouse . . .	1	56	56
Sutton-in-Ashfield . . .	4	140	160
Warsop . . .	—	—	—
West Bridgford . . .	5	208	268
<i>Rural Districts—</i>			
Basford . . .	29	956	1,548
Bingham . . .	9	466	482
Newark . . .	—	—	—
East Retford . . .	8	595	595
Southwell . . .	16	502	568
Worksop . . .	—	—	—
<i>Whole-County Organisations</i> . . .	76	949	3,497
TOTALS . . .	242	5,400	10,481

TABLE 4.

Talks.

Total Talks to Women	69
Do. Men	13
Do. Mixed Adults	64
Do. Girls	2
Do. Boys	59
Do. Mixed Youth	7
Do. Mixed Adults and Youth	5
	<hr/>
	219
	<hr/>

TABLE 5.

Film Shows.

Total Film Shows to Women	.	.	.	.	.	11
Do. Men	.	.	.	.	.	—
Do. Mixed Adults	.	.	.	.	.	2
Do. Girls	.	.	.	.	.	—
Do. Boys	.	.	.	.	.	10
Do. Mixed Youth	.	.	.	.	.	—
Do. Mixed Adults and Youth	.	.	.	.	.	—
						23

Films were shown to illustrate talks as follows :—

At Talks to Women	.	.	.	.	.	10
Do. Men	.	.	.	.	.	1
Do. Mixed Adults	.	.	.	.	.	17
Do. Girls	.	.	.	.	.	—
Do. Boys	.	.	.	.	.	2
Do. Mixed Youth	.	.	.	.	.	3
Do. Mixed Adults and Youth	.	.	.	.	.	1
						34

TABLE 6.

Lecturers' Summary.

LECTURER	NO. OF MEETINGS	PERSONS ADDRESSED	NO. OF ATTENDANCES
Mr. A. H. Marrow	168	3,302	6,739
Dr. I. Powell Heath	33	2,039	2,153
Mrs. A. E. Marrow	9	270	300
Mr. W. L. Richardson	4	70	105
Miss M. Cottee	2	65	65
Mr. F. Wrigley	2	60	60
Dr. R. W. Elliott	1	75	75
Films only	23	524	747

Internal Lecturers.

I am grateful to the following members of my Staff for the generosity with which they have placed their expert services at the disposal of the Health Education Service by giving talks in their free time during this year :—

Miss M. Cottee, Dr. R. W. Elliott, Mr. W. L. Richardson, and Mr. F. Wrigley.

TABLE 7.

Subject Summary.

<i>Health Education</i>	No. OF TALKS
Parent's Responsibility for the Child's Health .	8
Health Education Methods . . .	8
	<hr/> 16
	<hr/>
<i>Growth in Child and Adolescent.</i>	
Problems of Growth	1
The Adolescent in Industry	1
Health during Adolescence	22
	<hr/> 24
	<hr/>
<i>Mental Health.</i>	
Mental Health in the Adult	1
Mental Needs of the Child	8
The Difficult Child	1
Child Guidance	1
Elementary Child Psychology	4
	<hr/> 15
	<hr/>
<i>Sex Education.</i>	
Sex Education	10
Sex Hygiene	10
Physiology of Reproduction	7
Health during the Menopause	5
Sex Problems in the Adult	3
Education for Healthy Pregnancy	2
Population, Fertility and Sterility	2
	<hr/> 39
	<hr/>
<i>General Health.</i>	
Including Food and Nutrition, The Body's Defence against Disease, Child Health, and Nerves, Rest and Relaxation	80
	<hr/>

Prevention of Disease and Disease Vectors.

Food and Drink Infection and Kitchen Hygiene	5
Rheumatism in Child and Adult	7
Coughs, Colds and Influenza	5
The Problem of Cancer	2

—
19*General Interest Topics.*

Penicillin, its Uses and Abuses	5
Recent Advances in the War on Disease	3
Heredity	1
Rivers Pollution and Sewage Purification	2

—
11*Health Services Publicity.*

The Health Services	11
The School Health Service	1
The Home Help Service	3

—
15

TABLE 8.

Films Used.

NAME OF FILM.	TIMES SHOWN
A Start in Life	1
A Flying Start	1
Birthday	2
Children Growing Up	1
Your Children's Eyes	14
Your Children's Ears	11
Your Children's Teeth	13
Your Children's Meals	4
Your Children and You	5
Your Children's Sleep	2
Sex in Life	11
Human Reproduction	10
Hospital School	2
Modern Guide to Health	8
Old Wives' Tales	1
A B C D of Health	1
Triumph over Deafness	1
Round Figures	3
Blood Transfusion	2
Penicillin	9
Conquest of a Germ	1
Diphtheria Immunisation	1
Defeat TB.	1
The Common Cold	2
The Nose Has It	1
Playing with Fire	2
Children on Trial	1
Town and Country Planning	2
Defeat Diphtheria	5

Central Council for Health Education.

The advent of the National Health Service Act has produced a new orientation of the Health Education Services. The Central Council for Health Education have had their financial grant considerably reduced and have had, therefore, to reorganise the services they have previously offered to Local Authorities. The changes are of no importance in this County because the County Council have not used the services offered since the appointment of full-time County Staff for Health Education. The County Council continue to pay an annual subscription to the Central Council for Health Education, as it is considered that such a central organisation should be maintained for its value in the development and evaluation of the methods and materials of Health Education.

Pamphlets and Posters.

Though useful adjuncts to talks, film shows and at Welfare Centres, pamphlets and posters are used with discretion. The Table below shows the amounts issued.

TABLE 9.

Leaflets.

Sex Education	.	.	.	.	.	.	2,222
Maternity and Child Welfare			.	.	.	.	8,373
Diphtheria Immunisation	.	.	.	.	.	.	460
Colds and Influenza	.	.	.	.	.	.	2,436
Tuberculosis	.	.	.	.	.	.	2,172
Poliomyelitis	.	.	.	.	.	.	2,287
Disease Vectors	.	.	.	.	.	.	5,076
General Health	.	.	.	.	.	.	3,794
Food	.	.	.	.	.	.	18,900
							<hr/> 45,720 <hr/>

Posters.

Maternity and Child Welfare	.	.	.	.	84
Diphtheria Immunisation	.	.	.	.	70
Coughs and Colds	.	.	.	.	45
Venereal Disease	.	.	.	.	66
Food Infection	.	.	.	.	90
Food	.	.	.	.	30
					<hr/> 385 <hr/>

NOTTINGHAMSHIRE MASS RADIOGRAPHY UNIT.

(Contributed by Dr. W. GUTHRIE, *Medical Director*).

"After nearly four months' preparation involving appointment of staff and ordering of equipment, the Unit was able to start operating on 2nd January, 1948, at a factory at Beeston. On that day the opening ceremony was performed by Alderman Bayliss, who took the first X-ray picture on the new X-ray apparatus.

The Unit also visited the following places up to the beginning of June—Chilwell, Beeston (Public Sessions), East Kirkby (Public Sessions) and a factory at Mansfield. The holidays then intervened and on 21st June, Public Sessions were begun at Mansfield and continued there until well after 5th July, the day when the Unit was transferred to the Sheffield Regional Hospital Board.

Up to the beginning of June 14,874 people had been X-rayed and Table I shows the variety of conditions that can be discovered by means of Mass Radiography. Most of the diseases shown are the total number discovered by Mass Radiography but the number of cases of chronic bronchitis, inactive pulmonary tuberculosis and mitral disease is not a true picture. Most cases of chronic bronchitis are not recorded and those mentioned were thought to be some other condition on the X-ray films alone. Cases of inactive pulmonary tuberculosis discovered on X-ray appearances alone are not included in Table I. Many cases of mitral disease gave a previous history of this condition and were therefore not examined or included in the figures shown.

Pulmonary tuberculosis was the disease most frequently met with and is the reason for the existence of Mass Radiography, apart from the fact that it is the only method at the present time for detecting the vast majority of the early cases of this disease.

As will be seen from Table II the incidence of active pulmonary tuberculosis is roughly 1-2 per 1,000 and that of observation pulmonary tuberculosis 4-10 per 1,000 as discovered by Mass Radiography. These figures have remained more or less constant for those parts of the County covered by the Unit.

The observation cases mentioned are definite cases of pulmonary tuberculosis in which the presence of activity or not could not be decided at the first examination. Later some of these cases were found to be active. Some of these observation cases were referred to the Tuberculosis Officer while others were X-rayed regularly by myself.

A great deal of money is spent on propaganda in connection with Mass Radiography. Even so, the response on the part of factory employees is usually only 60-70% and on visiting a factory for the second time the tendency is for the response to be even lower. It is seen, therefore, that a great many people do not take advantage of the facilities afforded by Mass Radiography, and others do not bother once the novelty has worn off. More propaganda and education of the public is therefore required if the Mass Radiography Unit is to work to full capacity and to the best advantage in the area where it is operating."

TABLE I
DISEASES DISCOVERED.

PULMONARY DISEASES	Referred to Chest Centre or Doctor			No Action			TOTAL		
	M.	F.	Total	M.	F.	Total	M.	F.	Total
Active Pulmonary Tuberculosis	10	8	18	—	—	—	10	8	18
Observation Pulmonary Tuberculosis	53	36	89	—	—	—	53	36	89
Inactive Pulmonary Tuberculosis	—	—	—	29	8	37	29	8	37
Basal Fibrosis	—	6	6	1	—	1	1	6	7
Pneumoconiosis	2	—	2	6	—	6	8	—	8
Chronic Bronchitis	1	—	1	2	3	5	3	3	6
Pulmonary Fibrosis	1	—	1	5	—	5	6	—	6
Bronchiectasis	1	—	1	3	1	4	4	1	5
Congenital Cystic Disease	1	2	3	1	1	2	2	3	5
Unresolved Pneumonia	—	1	1	1	—	1	1	1	2
Pleural Thickening	2	2	4	1	1	2	3	3	6
Benign Tumour	—	—	—	—	1	1	—	1	1
Pulmonary Cyst	—	—	—	1	—	1	1	—	1
Interlobar Effusion	1	—	1	—	—	—	1	—	1
Mediastinal Effusion	—	1	1	—	—	—	—	1	1
TOTAL ..	72	56	128	50	15	65	122	71	193

CARDIO VASCULAR DISEASES

Mitral Disease	1	1	2	8	14	22	9	15	24
Essential Hypertension	1	3	4	8	11	19	9	14	23
Hypertension	—	1	1	1	7	8	1	8	9
Dextrocardia with transposition of viscera	—	—	—	1	1	2	1	1	2
Aortic Regurgitation	—	1	1	—	—	—	—	1	1
Aortic Stenosis	—	—	—	1	—	1	1	—	1
Pulmonary Stenosis	—	—	—	1	—	1	1	—	1
Unfolding of Aorta	—	—	—	1	—	1	1	—	1
TOTAL ..	2	6	8	21	33	54	23	39	62

OTHER CONDITIONS

Retro-Sternal Thyroid	—	—	—	5	2	7	5	2	7
Thyrotoxicosis	—	—	—	—	1	1	—	1	1
Myxoedema	—	—	—	—	1	1	—	1	1
Displacement of Hepatic Flexure	—	1	1	—	—	—	—	1	1
Eventration of Diaphragm	—	—	—	—	2	2	—	2	2
Nil on examination	—	—	—	3	7	10	3	7	10
TOTAL ..	—	1	1	8	13	21	8	14	22
TOTAL (All Conditions) ..	74	63	137	79	61	140	153	124	277

TABLE II
CASES OF PULMONARY TUBERCULOSIS.

SURVEY	Number X-rayed			Active Pulmonary Tuberculosis.						Observation Pulmonary Tuberculosis.					
	Male	Female	Total	Number			%			Number			%		
				M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total
Factory at Beeston ..	2654	1131	7835	6	1	7	.22	.09	.2	22	13	35	.8	1.1	1.0
Chilwell ..	2838	974	3812	2	1	3	.07	.01	.8	11	5	16	.4	.5	.4
Beeston ..	553	1111	1664	—	1	1	—	.09	.6	10	5	15	1.8	.45	.9
East Kirkby ..	2014	1549	3563	1	2	3	.05	.14	.8	10	6	16	.5	.4	.4
Factory at Mansfield ..	464	1586	2050	1	3	4	.21	.02	.2	—	7	7	—	.45	.35
TOTAL	8523	6351	14,874	10	8	18	.12	.13	.12	53	36	89	.6	.58	.59

CONCLUSION.

I wish to pay special tribute to the Heads of Departmental Sections for the able way in which they have each prepared the detailed matter for this Report concerning their Section's branch of the work.

Some of my experienced lay staff have found promotion in other branches of the Service since the appointed day, and I am confident that they will make a valuable contribution and I wish them well.

Gratitude is due to the staffs of those County District Councils who were affected by the new legislation for their ready co-operation and assistance.

My own staff, professional and lay, have as usual worked with zeal and ability, and I tender to them my grateful appreciation.

I have again to acknowledge the support which I have received from the Chairmen and Members of my several Committees.

I am, Ladies and Gentlemen,

Your obedient Servant,

CHRISTOPHER TIBBITS.

STATISTICAL TABLES

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TABLE I.

NOTTINGHAMSHIRE
BOROUGHES AND URBAN DISTRICTS.

Vital Statistics for the Year 1948.

BOROUGHES AND URBAN DISTRICTS	Area in Acres (Land and Inland Water)	Persons per Acre	Families or separate Occupiers at Census 1931	Persons per Family at Census 1931	*Population, Census 1931	Population estimated to the middle of 1948	Births		Deaths under 1 year of age		Net Deaths at all Ages belonging to the District	Net Death Rate, i.e., for "Transferable" Deaths	Death Rate from Pulmonary Tuberculosis per 1,000 of population	Death Rate from All Tuberculous Diseases per 1,000 of population
							Number	Rate	Number	Rate per 1,000 Births Reg'd				
MANSFIELD (Borough)	7,009	7.3	11,082	4.0	46,068	51,020	909	17.8	40	44	470	9.2	0.49	0.54
WORKSOP (Borough)	17,936	1.7	6,320	4.1	26,285	30,580	686	22.4	26	38	306	10.0	0.36	0.39
NEWARK (Borough)	3,364	6.8	5,152	3.6	19,535	22,920	391	17.0	17	43	260	11.3	0.57	0.61
EAST RETFORD (Borough)	4,657	3.5	3,677	3.7	14,229	16,080	302	18.8	15	50	203	12.6	0.37	0.49
ARNOLD	4,506	4.6	3,766	3.8	14,325	20,820	340	16.3	10	29	210	10.0	0.48	0.57
BEESTON & STAPLEFORD	6,462	7.3	7,250	3.8	27,812	47,620	919	19.3	50	54	459	9.6	0.23	0.31
CARLTON	4,018	8.4	6,883	3.8	26,425	33,790	640	18.9	18	28	342	10.1	0.32	0.47
EASTWOOD	1,178	8.2	2,201	3.9	8,830	9,700	205	21.1	8	39	114	11.7	0.10	0.20
HUCKNALL	4,029	5.6	4,523	3.9	17,839	22,620	420	18.5	21	50	201	8.8	0.17	0.22
KIRKBY-IN-ASHFIELD	5,830	3.4	4,406	4.0	17,866	19,950	375	18.8	17	45	188	9.4	0.30	0.30
MANSFIELD WOODHOUSE	4,834	3.5	3,363	4.0	13,721	17,180	370	21.5	20	54	151	8.8	0.41	0.46
SUTTON-IN-ASHFIELD	10,507	3.7	9,151	4.1	37,725	39,630	706	17.8	32	45	353	8.9	0.28	0.35
WARSOP	7,174	1.5	2,478	4.4	10,959	10,800	213	19.6	10	47	85	7.9	0.09	0.09
WEST BRIDGFORD	3,501	6.9	5,515	3.4	19,209	24,190	353	14.6	10	28	271	11.2	0.24	0.33
Totals for Urban Districts	85,005	4.3	75,767	3.9	300,828	366,900	6,829	18.6	294	43	3,613	9.84	0.33	0.40

*The figures under this heading relate to the population enumerated on the 26th April, 1931, but the Districts for which they are now given are as constituted at the 30th September, 1935, and include changes of area under the County of Nottingham Review Order, 1934, which came into effect on the 1st April, 1935, and the Nottingham Corporation Act, 1932, which came into effect on the 1st April, 1933.

TABLE II.

NOTTINGHAMSHIRE
RURAL DISTRICTS.

Vital Statistics for the Year 1948.

RURAL DISTRICTS	Area in Acres (Land and Inland Water)	Persons per Acre	Families or separate Occupiers at Census 1931	Persons per Family at Census 1931	*Population, Census 1931	Population estimated to the middle of 1948	Births		Deaths under 1 year of age		Net Deaths at all Ages belonging to the District	Net Death Rate, i.e., for "Transferable" Deaths	Death Rate from Pulmonary Tuberculosis per 1,000 of population	Death Rate from ALL Tuberculous Diseases per 1,000 of population
							Number	Rate	Number	Rate per 1,000 Births Reg'd.				
BASFORD ..	71,571	0.66	10,434	3.9	41,303	47,730	789	16.5	25	32	447	9.3	0.19	0.27
BINGHAM ..	67,583	0.26	3,882	3.6	15,106	18,148	302	16.6	12	40	180	9.9	0.27	0.33
WORKSOP ..	28,515	0.56	3,348	4.3	14,555	16,000	333	20.8	16	48	105	6.5	0.31	0.37
EAST RETFORD ..	111,032	0.19	4,910	3.7	19,506	21,060	336	15.9	17	50	195	9.2	0.28	0.33
NEWARK ..	41,550	0.24	2,356	3.7	8,898	10,140	223	21.9	3	13	110	10.8	0.78	0.98
SOUTHWELL ..	118,586	0.32	8,976	3.9	36,342	38,320	674	17.5	29	43	353	9.2	0.21	0.29
SHIRE HALL ..	1	—	1	4.0	4	2	—	—	—	—	—	—	—	—
Totals for Rural Districts	438,838	0.34	33,907	3.9	135,714	151,400	2,657	17.5	102	38	1,390	9.18	0.27	0.35

*The figures under this heading relate to the population enumerated on the 26th April, 1931, but the Districts for which they are now given are as constituted at the 30th September, 1935, and include changes of area under the County of Nottingham Review Order, 1934, which came into effect on the 1st April, 1935 and the Nottingham Corporation Act, 1932, which came into effect on the 1st April, 1933.

TABLE III.

NOTTINGHAMSHIRE

Vital Statistics for the Year 1948.

WHOLE ADMINISTRATIVE COUNTY.

	Area in Acres (Land and Inland Water)	Persons per Acre	Families or Separate Occupiers at Census 1931	Persons per Family at Census 1931	*Population, Census 1931	Estimated Population 1948	Births		Deaths under 1 year		Net Deaths	Net Death Rate	Death Rate from Pulmonary Tuberculosis	Death Rate from ALL Tuberculous Diseases
							Number	Rate	Number	Rate per 1,000 Births				
URBAN DISTRICTS	85,005	4.3	75,767	3.9	300,828	366,900	6,829	18.6	294	43	3,613	9.84	0.33	0.40
RURAL DISTRICTS	438,838	0.34	33,907	3.9	135,714	151,400	2,657	17.5	102	38	1,390	9.18	0.27	0.35
WHOLE ADMINISTRATIVE COUNTY	523,843	0.99	109,674	3.9	436,542	518,300	9,486	18.3	396	42	5,003	9.65	0.32	0.39

*Adjusted figures which relate to the area of the County as constituted at the 30th September, 1935, and exclude the population enumerated in the area transferred to the City of Nottingham under the Nottingham Corporation Act, 1932, which came into effect on the 1st April, 1933.

TABLE IV. NOTTINGHAMSHIRE. Abstract of Vital Statistics.

Year	Estimated Population at the <i>middle</i> of the year	Excess of Births over Deaths	Persons per Acre	Separate Families	Persons per Family	Registered Births	Births per 1,000 of the population	Deaths under 1 year per 1,000 Births	Net Deaths	Net Death Rate per 1,000 of the Population
1901	275,971	4497	.53	59,755	4.6	8636	31.3	145	4139	14.9
1902	282,563	4804	.54	..	..	8920	31.5	138	4116	14.5
1903	289,001	4926	.55	..	..	9072	31.3	134	4146	14.3
1904	295,586	5086	.56	..	..	9379	31.7	139	4293	14.5
1905	302,321	4389	.57	..	..	8880	29.3	126	4491	14.8
1906	309,209	4849	.59	..	..	9088	29.3	121	4239	13.7
1907	316,355	4412	.60	..	..	8962	28.3	127	4550	14.3
1908	323,461	5358	.62	..	..	9818	30.3	119	4460	13.7
1909	330,831	5316	.63	..	..	9740	29.4	106	4424	13.3
1910	338,937	5223	.64	..	..	9554	28.2	110	4331	12.7
1911	345,930	4903	.66	76,236	4.5	9453	27.3	125	4550	13.1
1912	355,046	5007	.68	..	..	9213	25.9	93	4206	11.8
1913	362,307	4934	.69	..	..	9369	25.8	101	4435	12.2
1914	367,617	4845	.70	..	..	9541	25.9	107	4696	12.7
1915	353,193	3775	.67	..	..	8843	25.0	112	5068	14.3
1916	344,501	4126	.66	..	..	8567	22.8	95	4441	12.8
1917	344,822	3372	.66	..	..	7589	19.7	95	4217	12.2
1918	339,458	1725	.65	..	..	7742	20.3	100	6017	17.7
1919	366,331	2948	.70	..	..	7507	19.6	95	4559	12.4
1920	380,928	5667	.73	..	..	9836	25.8	85	4169	10.9
1921	381,969	4774	.73	85,646	4.4	9187	24.1	86	4413	11.5
1922	386,130	4177	.74	..	..	8316	21.5	69	4139	10.7
1923	388,019	3763	.74	..	..	8023	20.6	77	4260	11.0
1924	391,700	3715	.75	..	..	8085	20.6	79	4370	11.2
1925	393,400	3373	.75	..	..	7921	20.1	77	4548	11.6
1926	398,900	3310	.75	..	..	7739	19.4	73	4429	11.1
1927	408,100	2984	.78	..	..	7613	18.6	69	4629	11.3
1928	422,700	3549	.81	..	..	7941	18.8	64	4392	10.4
1929	429,300	2242	.82	..	..	7517	17.5	76	5095	11.8
1930	439,400	3261	.84	..	..	7746	17.6	62	4485	10.2
1931	447,900	2617	.86	*109,674	3.9	7695	17.2	72	5078	11.3
1932	451,600	2821	.86	..	..	7534	16.7	66	4713	10.4
1933	444,970	2036	.86	..	..	6945	15.5	68	4909	10.9
1934	448,500	2395	.87	..	..	7042	15.7	54	4647	10.4
1935	453,500	2382	.86	..	..	7083	15.6	56	4701	10.4
1936	459,000	2005	.88	..	..	7033	15.3	58	5028	10.9
1937	465,800	2218	.89	..	..	7318	15.7	59	5100	10.9
1938	470,900	2796	.90	..	..	7549	16.0	46	4753	10.1
1939	a478,200 b479,900	2511	.91	..	..	7847	16.4	51	5336	11.1
1940	483,240	1735	.92	..	..	7610	15.7	58	5875	12.2
1941	492,750	2501	.94	..	..	7954	16.1	62	5453	11.1
1942	481,200	3755	.92	..	..	8659	18.0	48	4904	10.2
1943	472,300	3946	.90	..	..	9255	20.2	47	5309	11.2
1944	474,960	5125	.91	..	..	10343	21.8	47	5218	11.0
1945	475,910	4068	.91	..	..	9096	19.1	44	5028	10.5
1946	495,620	4693	.95	..	..	10001	20.2	41	5308	10.7
1947	505,690	5114	.97	..	..	10673	21.2	41	5559	11.0
1948	518,300	4483	.99	..	..	9486	18.3	42	5003	9.65
For Comparison—										
1948	England and Wales .. ..					..	17.9	34	..	10.8
	126 County Boroughs and Great Towns including London ..					..	20.0	39	..	11.6
	148 Smaller Towns .. ..					..	19.2	32	..	10.7
	LONDON (Administrative C'ty) ..					..	20.1	31	..	11.6

*Adjusted figures owing to alteration in area under the Nottingham Corporation Act, 1932, as from the 1st April, 1933.

a Population figures for calculation of Birth rates.

b Population figures for calculation of Death rates and incidence of notifiable diseases

TABLE V. Causes of Death at Different Periods of Life in the Administrative County of Nottingham, 1948.

CAUSES OF DEATH.	Sex	AGGREGATE OF URBAN DISTRICTS							AGGREGATE OF RURAL DISTRICTS							Total for Co'ty
		All Ages	0—	1—	5—	15—	45—	65—	All Ages	0—	1—	5—	15—	45—	65—	
ALL CAUSES ..	M	1901	174	24	16	160	497	1030	739	60	12	14	77	160	416	2640
	F	1712	120	32	17	144	367	1032	651	42	9	4	55	100	441	2363
Typhoid and Para- typhoid Fevers ..	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Measles ..	M	2	2	..	..	..	..	..	..	..	..	..	..	..	..	2
	F	2	2	..	..	..	..	..	..	..	..	..	..	..	..	2
Scarlet Fever ..	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Whooping Cough ..	M	3	2	1	..	..	..	..	1	1	..	..	..	..	..	4
	F	8	6	2	..	..	..	..	4	3	1	..	..	..	..	12
Diphtheria ..	M	1	..	..	1	..	..	..	..	..	..	..	..	..	..	1
	F	3	..	..	1	2	..	..	2	..	..	1	..	1	..	5
Influenza ..	M	6	..	..	..	1	1	5	3	1	..	..	1	..	1	9
	F	8	1	..	..	1	..	6	6	1	..	..	2	2	1	14
Acute Infantile Encephalitis ..	M	..	..	..	..	..	..	..	1	..	..	..	..	1	..	1
	F	1	..	..	..	1	..	..	1	..	..	..	..	..	1	2
Cerebro-Spinal Fever	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Tuberculosis of Res- piratory System ..	M	64	..	2	..	33	19	10	22	..	..	..	13	7	2	86
	F	59	..	1	..	46	9	3	19	..	..	1	17	1	..	78
Other Tuberculous Diseases ..	M	13	3	2	2	3	2	1	8	..	3	2	3	..	..	21
	F	13	..	8	3	2	..	..	4	..	3	..	1	..	..	17
Syphilis ..	M	12	..	..	..	1	8	3	7	..	..	..	2	4	1	19
	F	5	..	..	..	1	4	..	3	..	..	..	..	2	1	8
Ac. Polio-myelitis and Polio-encephalitis ..	M	..	..	..	..	..	..	..	1	..	..	..	1	..	..	1
	F	2	..	1	1	..	..	..	1	..	..	1	..	..	..	3
Cancer, Malignant Disease ..	M	312	..	1	2	23	121	165	119	..	..	1	7	40	71	431
	F	268	..	..	..	18	109	141	106	..	..	..	3	41	62	374
Diabetes ..	M	10	..	..	..	3	2	5	1	..	..	..	..	..	1	11
	F	21	..	..	..	4	5	12	3	..	..	..	..	..	3	24
Heart Disease ..	M	479	..	..	1	19	125	334	221	..	..	..	8	42	171	700
	F	472	..	..	2	24	86	360	219	..	..	..	4	23	192	691
Intra-cranial Vascular Lesions ..	M	175	..	..	..	4	37	134	68	..	..	..	4	13	51	243
	F	267	..	1	..	6	67	193	84	..	..	..	2	3	79	351
Other Circulatory Diseases ..	M	71	..	..	..	..	18	53	20	..	..	..	2	2	16	91
	F	69	..	..	..	1	7	61	17	..	..	..	..	..	17	86
Bronchitis ..	M	151	5	..	..	7	42	97	38	1	..	..	..	9	28	189
	F	81	1	..	..	7	17	56	15	1	..	..	1	2	11	96
Pneumonia ..	M	91	35	4	1	5	13	33	25	7	1	2	..	5	10	116
	F	71	29	3	1	1	4	33	24	9	2	..	1	1	11	95
Other Respiratory Diseases ..	M	30	2	1	..	2	12	13	11	..	..	..	..	5	6	41
	F	25	..	..	..	1	11	13	7	..	1	..	..	3	3	32
Ulcer of Stomach or Duodenum ..	M	30	..	..	..	6	12	12	10	..	..	..	3	4	3	40
	F	11	..	..	..	..	3	8	3	..	..	..	..	2	1	14
Diarrhoea under two years ..	M	15	15	..	..	..	..	..	7	7	..	..	..	..	..	22
	F	5	4	1	..	..	..	..	4	4	..	..	..	..	..	9
Appendicitis ..	M	7	..	1	1	2	1	2	3	..	..	..	1	2	..	10
	F	2	..	..	..	..	2	..	1	..	1	..	..	..	..	3
Other Digestive Diseases	M	32	4	..	..	3	10	15	17	1	2	2	3	5	4	49
	F	32	3	2	1	2	4	20	11	..	..	..	2	4	5	43
Nephritis ..	M	31	..	..	..	4	12	15	16	..	..	..	3	3	10	47
	F	25	..	..	2	6	9	8	13	..	..	..	3	2	8	38
Puerperal Sepsis ..	F	1	..	..	..	1	..	..	..	..	..	..	..	..	..	1
Other Puerperal Causes	F	3	..	..	..	3	..	..	4	..	..	..	4	..	..	7
Premature Birth ..	M	41	41	..	..	..	..	..	16	16	..	..	..	..	..	57
	F	32	32	..	..	..	..	..	11	11	..	..	..	..	..	43
Congenital Debility, Malformations, etc.	M	54	51	2	1	..	..	..	23	22	..	..	..	1	..	77
	F	42	37	3	..	1	..	1	12	11	1	..	..	..	..	54
Suicide ..	M	26	..	..	..	9	14	3	7	..	..	1	2	3	1	33
	F	8	..	..	..	3	3	2	2	..	..	..	1	..	1	10
Road Traffic Accidents	M	23	..	2	2	6	8	5	13	..	1	1	8	1	2	36
	F	16	..	4	5	1	4	2	1	..	..	..	1	..	..	17
Other Violence ..	M	66	5	2	2	18	20	19	31	3	4	2	9	6	7	97
	F	23	3	2	1	1	1	15	11	1	..	1	1	2	6	34
All Other Causes ..	M	156	9	6	..	12	20	106	50	1	1	3	7	7	31	206
	F	137	2	4	3	11	22	98	63	1	..	..	12	11	39	200

SANITARY INSPECTION OF THE AREA, 1948.

TABLE VI.

DISTRICT. (1)	No. of complaints received or registered. (2)	Total No. of inspections made. (3)	No. of nuisances and defects dealt with. (4)	No. of Notices served.		No. of Notices complied with.		No. of Re-inspec- tions or re-visits included in Column (3). (9)	REMARKS. (10)
				Informal. (5)	Statutory. (6)	Informal. (7)	Statutory. (8)		
Urban Districts—									
Mansfield B.	1,055	12,669	3,852	2,615	339	2,923	347	8,818	
Worksop B.	1,070	7,283	1,064	513	31	489	29	1,504	
Newark B.	435	5,839	410	125	1	122	1	347	
East Retford B.	111	1,241	378	189	32	156	36	402	
Arnold	531	3,316	1,032	430	77	402	62	1,063	
Beeston and Stapleford	1,771	8,969	3,614	769	433	888	406	1,922	
Carlton	1,058	7,193	2,688	1,108	325	1,282	442	2,535	
Eastwood	64	1,346	334	147	39	108	34	—	
Hucknall	848	4,960	860	504	101	378	175	2,952	
Kirkby-in-Ashfield	786	2,151	1,841	365	150	218	139	457	
Mansfield Woodhouse	261	2,817	899	364	66	315	66	1,419	
Sutton-in-Ashfield	569	3,657	2,255	664	102	729	40	1,456	
Warsop	39	3,554	146	146	19	181	19	355	
West Bridgford	326	3,158	665	384	13	377	8	1,252	
Rural Districts—									
Basford	305	10,586	—	1,565	77	1,860	93	—	
Bingham	151	4,053	309	877	159	597	105	1,152	
Worksop	45	1,853	45	45	—	41	—	311	
East Retford	172	1,955	323	81	2	69	2	837	
Newark	29	453	139	63	9	52	11	272	
Southwell	124	6,861	435	87	13	40	10	427	

TABLE VII.

HOUSING STATISTICS, 1948.

1. Inspection of Dwelling-houses during the year :—	Mansfield B.	Workshop B.	Newark B.	E. Retford B.	Arnold	Beeston and Stapleford	Carlton	Eastwood	Hucknall	Kirkby-in-Ashfield	Mansfield Woodhouse	Sutton-in-Ashfield	Warsop	West Bridgford	Basford	Bingham	Workshop R.D.	E. Retford R.D.	Newark R.D.	Southwell
	1965	520	638	319	1118	1659	1071	89	258	262	376	635	350	441	3388	2355	115	708	153	885
(1) (a) Total number of dwelling-houses inspected for housing defects (under P.H. or Housing Acts)	8805	579	985	380	2325	3584	4606	320	780	697	883	798	705	1362	10586	3507	162	1066	181	1312
(2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing (Consolidated) Regulations, 1925	—	—	—	3	—	18	—	—	—	19	20	—	—	—	—	314	—	475	—	395
(b) Number of Inspections made for the purpose	—	—	—	7	—	18	—	—	—	84	34	—	—	—	—	403	—	475	—	434
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	—	—	—	3	2	1	—	4	1	—	2	2	—	3	8	62	—	81	—	9
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2. Remedy of Defects during the year without Service of formal Notices :—	1965	520	125	180	640	769	1071	85	232	262	269	633	—	166	2455	305	69	334	12	10
Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers	2351	552	113	169	609	888	850	63	124	117	273	361	181	210	1758	573	69	34	78	40
3. Action under Statutory Powers during the year :—																				
A.—Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936 :—																				
(1) Number of dwelling-houses in respect of which notices were served requiring repairs	99	—	—	—	—	34	139	3	81	7	—	—	—	1	71	—	—	1	2	—
(2) Number of dwelling-houses which were rendered fit after service of formal notices :																				
(a) By owners	80	—	—	—	—	33	159	8	117	3	—	—	—	—	49	—	—	1	2	—
(b) By Local Authority in default of owners	16	—	—	4	—	1	28	—	—	4	—	—	—	—	1	—	—	—	—	—

B.—Proceedings under Public Health Acts :—

- (1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied
- (2) Number of dwelling-houses in which defects were remedied after service of formal notices
- (a) By owners
- (b) By Local Authority in default of owners

C.—Proceedings under Sections 11 and 13 of the Housing Act, 1936 :—

- (1) Number of dwelling-houses in respect of which Demolition Orders were made
- (2) Number of dwelling-houses demolished in pursuance of Demolition Orders

D.—Proceedings under Section 12 of the Housing Act, 1936 :—

- (1) Number of separate tenements or underground rooms in respect of which Closing Orders were made
- (2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit

4. Housing Act, 1936—Part IV.—Overcrowding :—

- (a) (i) Number of dwellings overcrowded at the end of the year
- (ii) Number of families dwelling therein
- (iii) Number of persons dwelling therein
- (b) Number of new cases of overcrowding reported during the year
- (c) (i) Number of cases of overcrowding relieved during the year
- (ii) Number of persons concerned in such cases
- (d) Particulars of any cases in which dwelling-houses have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding
- (e) Any other particulars with respect to overcrowding conditions upon which the Medical Officer of Health may consider it desirable to report

5. Number of new houses erected during the year

114	31	1	29	77	4	186	1	1	64	66	158	19	12	8	159	-	2	9	13
105	35	1	53	56	4	173	-	1	72	59	108	17	8	29	83	-	2	9	10
32	-	-	-	6	-	72	1	-	-	7	27	2	-	-	22	-	-	-	-
-	6	4	-	-	1	-	-	-	-	-	-	-	3	5	-	-	-	-	-
-	-	-	-	-	1	-	-	-	-	-	117	-	-	3	-	-	-	-	-
-	1	-	-	-	-	-	2	-	-	-	-	-	1	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*	534	*	3	*	*	18	-	89	*	19	30	*	4	32	*	10	19	*	126
*	1083	*	7	*	*	36	-	199	*	26	58	*	4	43	-	16	19	*	222
*	3527	*	24	*	*	191	-	633	*	136	278	*	12	271	-	95	134	*	974
*	159	*	7	*	*	8	6	31	*	5	-	*	4	5	-	6	-	2	127
*	140	*	10	*	*	6	16	34	*	4	2	*	-	-	*	7	-	-	34
*	485	*	77	*	*	49	62	162	*	18	22	*	-	-	-	62	-	-	299
*	-	*	-	*	*	-	-	-	*	-	-	*	-	-	*	-	-	-	-
*	220	*	139	*	*	228	104	50	*	-	356	*	-	503	-	124	69	51	206

*No statistics available.

